

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

80 County Pettis  
 4 Township Ledalia  
 8 City Ledalia (No. Hosp #2 GEN.)

Registration District No. 668Primary Registration District No. 3032File No. 41019Registered No. 323

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Amyr Wilson

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F4. COLOR OR RACE col5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't no

MOTHER FATHER

13. NAME Jacob Roach14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't no15. MAIDEN NAME don't no16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't no17. INFORMANT H. L. Wilson (ADDRESS) Leitchington, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ledalia, Mo.DATE 12/7

1932

19. UNDERTAKER F. D. Ferguson (ADDRESS) Ledalia, Mo.20. FILED 12-7-1932

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30, 193222. I HEREBY CERTIFY, That I attended deceased from Dec 29th, 1931, to Dec 30, 1932I last saw her alive on Dec 30, 1932 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

apoplexy  
Acute Paralysis  
131  
 Other contributory causes of importance:  
Hypertension, Chronic Infarction  
Thrombosis

Name of operation \_\_\_\_\_

Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Lab.Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_

Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) A. R. Maddox(Address) 116 1/2 W. Main

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

