

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

Pollard
41039

File No. _____
Registered No. 349
St. _____ Ward _____

1. PLACE OF DEATH

80 County Peters

4 Township _____

8 City SulallaRegistration District No. 668Primary Registration District No. 3532(No. 313 N. Quincy)FULL NAME Anna Bill Wilson(a) Residence, No. 313 N. Quincy

(Usual place of abode)

St. _____

Ward _____

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

Female

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

J. J. Wilson

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

Sept 12 1859

7. AGE

73

YEARS

MONTHS 3DAYS 11

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)

Ky

MOTHER FATHER

13. NAME

William Bill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ky

15. MAIDEN NAME

Mary Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ky

17. INFORMANT (ADDRESS)

J. J. Wilson Sulalla Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Crown Hill

DATE

12/2632

19. UNDERTAKER (ADDRESS)

Gilligan, J. H. Hume Sulalla Mo

20. FILED

12-241932J. H. M.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Dec 23 193222. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1932, to Dec 23, 1932I last saw her alive on Dec 23, 1932 Death is said to have occurred on the date stated above, at 11-30 AM, The principal cause of death and related causes of importance were as follows:Carcinoma of uterus

Other contributory causes of importance:

0

Name of operation

None

Date of _____

What test confirmed diagnosis? Symptoms 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? No

If so, specify _____

(Signed)

A. L. Pollard

M. D.

(Address)

3437 S. Highland Bldg. Sulalla Mo.

