FEB 23 1933

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

File No. 350
Registered No. 105

1. PLACE OF DEATH
County Buchanan
Registration District No. 85
Township
Primary Registration District No. 1001
City St. Joseph, (No. 6616 Vancil St. Ward)

2. FULL NAME Edith Alice Wilson,
(a) Residence, No. 5 Miles So. of City on Sparta Road 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. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1, 1867

7. AGE: Years 65; Months 2; Days 19; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,
10. Date deceased last worked at this occupation (month and year) January 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County, Missouri,

FATHER
13. NAME Josiah R. Register,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, North Carolina,

MOTHER
15. MAIDEN NAME Mary Harness,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Virginia,

17. INFORMANT Mrs. H. W. Geiser
(ADDRESS) 6616 Vancil Street,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Register Cem. DATE Jan. 22nd., 1933

19. UNDERTAKER Merton Beale Bowman
(ADDRESS) 510 So. 10th. St. Funeral Home

20. FILED JAN 21 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1933, to Jan 20, 1933
I last saw her alive on Jan 20, 1933. Death is said to have occurred on the date stated above, at 3:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/12/33

Other contributory causes of importance:
Hypertension & arterio sclerosis

Name of operation none Date of
What test confirmed diagnosis? Clin. test Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury ..., 19..
Where did injury occur? none
(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) Tomish Thomas, M. D.
(Address) 8011 Felix

St. Jo [illegible] 68 E Vancil

Edith Alice Wilson,

Wilson Co. of City on Sparta Road

Female White Widowed,

Roland Wilson,

Nov. [illegible]

65 [illegible]

At Home,

At Home,

January [illegible]

Buchanan, John,
Missouri,

Josiah P. [illegible],

Unknown,
North Carolina,

Mary Hanness,

Unknown,
Virginia,

3616 Vancil Street,

Register Gen. Jan. [illegible]

3410 So. 10th St.