

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

19745

1. PLACE OF DEATH

County Jackson
Township Franklin
City N. B. 7th (No. 3618-E-57th)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 2459
St. _____ Ward _____

2. FULL NAME

Mary Forney Wilson
(a) Residence, No. 3618-E-57th St., _____ Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-7-1858

7. AGE YEARS 75 MONTHS 4 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

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. 95B
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. 100

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

13. NAME Reuben Forney

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

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Miss Jessie Wilson (ADDRESS) 3618-E-57th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE June 17 1935

19. UNDERTAKER Mrs. C. R. Foster (ADDRESS) 918 1/2 S. 33rd St. N.E.M.

20. FILED 6/17 1935 M. Th. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10 - 1935

22. I HEREBY CERTIFY That I attended deceased from Feb. 10 - 1933 to June 10 - 1935
I last saw him alive on June 10 1935 Death is said to have occurred on the date stated above, at 948 m.

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

Acute Edema of Pericardium with second attack of acute Cardiac Dilatation. Date of onset June 10

Other contributory causes of importance: Family had Gastritis for two months preceding, took little food had lost greatly in flesh.

Name of operation _____ Date of _____
What test confirmed diagnosis _____ 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) W. H. Kennerly, M. D.
(Address) 5244 Ingle Parkway

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.

FORM RESERVED FOR BUREAU OF VITAL STATISTICS

Dr. W. H. Clemens