

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.

29172

1. PLACE OF DEATH

County Madison
Township Rock
City Rock (No. _____)

Registration District No. 735
Primary Registration District No. 5322

File No. _____
Registered No. 14
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David Ewing Carlock
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1, 1850
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 7 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
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) Penn.

13. NAME Solomon Wilson

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

15. MAIDEN NAME Mary Ann Bell

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

17. INFORMANT Mildred Hankins
(ADDRESS) Everson Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hampton Cemetery DATE Sept 26, 1933

19. UNDERTAKER Garritt Undertaking Co.
(ADDRESS) Granfield Mo.

20. FILED Oct 2, 1933 Marshall Miller
Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1933, to Sept 24, 1933

I last saw him alive on Sept 21, 1933. Death is said

to have occurred on the date stated above, at 2:40 a.m.

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

Cerebral Hemorrhage Date of onset 82 B

Other contributory causes of importance: 82 B

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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. B. Riley M. D.

(Address) Everson Mo.

