

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

Do not use this space.

1. PLACE OF DEATH

74 County Nodaway. Registration District No. 624
 Township Hopkins. Primary Registration District No. 4375
 City Hopkins (No.) St. Ward)

File No. 33907
 Registered No. 11

2. FULL NAME Martha A. Wilson.

(a) Residence, No. St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 50 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 White. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF G. B. Wilson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 4 1850
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 1 1
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Houswife.
 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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 5, 1933
 22. I HEREBY CERTIFY, That I attended deceased from July 10, 1933 to Oct 5, 1933
 I last saw her alive on 10/1, 1933 Death is said to have occurred on the date stated above, at 7:21 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 9/30/33
82A
97
 Other contributory causes of importance arteriosclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Logansport Ind.
 13. NAME Syrene Taylor.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known.
 15. MAIDEN NAME Not Known.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known.
 17. INFORMANT (ADDRESS) Charles Wilson Hopkins Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Hopkins Mo. DATE Oct. 7. 1933
 19. UNDERTAKER (ADDRESS) Price Funeral Home. Maryville Mo
 20. FILED 10/7 1933 O.H. Dayler Registrar.

Name of operation Date of
 What test confirmed diagnosis clinical as 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) Clifford, M. D.
 (Address) Hopkins Mo

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.

NOV 10 1933

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

