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.

JAN 3 1934

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

Do not use this space.

35781

85

1. PLACE OF DEATH

County Buchanan — Registration District No. — File No.

Township — Primary Registration District No. 1001 — Registered No. 1164

City St. Joseph (No. St. Josephs Hospt. St. Ward)

2. FULL NAME Katherine Alma Wilson

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1878

7. AGE: YEARS 55 — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeping

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) November 1933

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maysville Missouri

FATHER

13. NAME George A. Riffie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roanoke County Virginia

MOTHER

15. MAIDEN NAME Elizabeth Turner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roanoke County Virginia

17. INFORMANT (ADDRESS) John B. Wilson Maysville MW

18. BURIAL, CREMATION, OR REMOVAL

PLACE Maysville, Missouri DATE Nov. 26 1933

19. UNDERTAKER (ADDRESS) Heaton - Be Gole & Bowman Funeral Home 319 South 10 Street

20. FILED 11-26- 1933 John R. Barker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 26 1933

22. I HEREBY CERTIFY, That I ~~attended~~ visited deceased ~~from~~ on Nov 26, 1933, to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5:30 P.m.

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

Concussion of brain & fracture of 7th dorsal vertebrae automobile accident 210M

Date of onset

Other contributory causes of importance: Car ran off pavement & turned over

Name of operation ... Date of ...

What test confirmed diagnosis? Very Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury Nov. 24, 1933

Where did injury occur? Buchanan County (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public highway St 36

Manner of injury Car ran off pavement turned over

Nature of injury Concussion & fracture of 7th dorsal

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Forrest Thomas Cormer M.D.

(Address) 801½ Felix St.