

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

Do not use this space.

36958

PLACE OF DEATH

County Jefferson

Registration District No. 422

Township Hillsboro

Primary Registration District No. 4230

City Hillsboro (No.)

St. Ward

FULL NAME Laura Annie Wilson

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 William S. Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 1 2

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

13. NAME Chas Henne

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

15. MAIDEN NAME Margaret Bull

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron County Mo

17. INFORMANT (ADDRESS) Wm S. Wilson Hillsboro

18. BURIAL, CREMATION, OR REMOVAL PLACE Hillsboro DATE Nov 15 1933

19. UNDERTAKER (ADDRESS) Donald B. Dietrich Detroit Mo

20. FILED Nov 14 1933 Narry Long Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 12 1933

22. I HEREBY CERTIFY, That I attended deceased from 1933, to Nov 12 1933

I last saw her alive on Nov 12 1933 Death is said to have occurred on the date stated above, at 6:30 p.m.

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

Causes of every and intestinal

Date of onset

Other contributory causes of importance 49A 49C

Name of operation Date of
K.P.

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) L. N. Barnett M. D.
(Address) Hillsboro, Mo.

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 4 1934

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