

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 26 1934

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

Do not use this space.

40747

1. PLACE OF DEATH
 66 County Miller Registration District No. 561
 2 Township Saline Primary Registration District No. 4330
 4 City Eldon (No. _____ St. _____ Ward _____)

2. FULL NAME Alice L. 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. M. Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18 1850

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| | 83 | 1 | 13 | |

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) Missouri

FATHER 13. NAME John Dewe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S.

MOTHER 15. MAIDEN NAME U. S.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S.

17. INFORMANT Grace Simmons
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Doolen DATE 12-31 1933

19. UNDERTAKER Phillips Funeral Home
(ADDRESS) Eldon, Mo

20. FILED 12-30 1933 Belle Haynes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 30 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-24 1933 to 12-30 1933
 I last saw him alive on 12-29 1933 Death is said to have occurred on the date stated above, at 9:25 Am.
 The principal cause of death and related causes of importance were as follows:
Uremia Date of onset 12-24-33
131
1310
131
 Other contributory causes of importance:
Chronic Interstitial Nephritis years

Name of operation none Date of _____
 What test confirmed diagnosis? Clint. Lab. 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? no
 If so, specify _____
 (Signed) E. B. Shelton, M. D.
 (Address) Eldon Mo

