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.

MAR 24 1934

3959

1. PLACE OF DEATH

County Buchanan — Registration District No. 82 — File No. 2

Township Marion — Primary Registration District No. 5123 — Registered No. 2

City ..... (No. R F D Easton Missouri ..... St. ..... Ward)

2. FULL NAME Barbara Wilson

(a) Residence, No. R F D 3 Easton Mo. 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 24, 1870

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
64	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Buchanan County Missouri

FATHER

13. NAME Warren Masson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

MOTHER

15. MAIDEN NAME Emma Broomfield
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Claud Wilson Easton Missouri R F D 3.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Moxley Cem. DATE Febr. 17 1934

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden 1802 Union st St Joseph Mo.

20. FILED 3/10 1934 R. F. Bigham M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1934 to Feb. 14, 1934

I last saw her alive on Feb. 14, 1934 Death is said to have occurred on the date stated above, at 11P m.

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

	Date of onset
Influenzal Pneumonia	Feb 11 1934
Interstitial Nephritis Chronic but becoming Acute with Suppression of Urine on Feb 13, 1934	Jan. 1932

Other contributory causes of importance:

131
11A
130

131

Name of operation none Date of —

What test confirmed diagnosis? Clinical 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) Gordon D Wright, M. D.

(Address) 845 So. 19 St. St Jos. Mo.