

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

Do not use this space.

MAY 25 1934

15496

1. PLACE OF DEATH

County Texas
Township Clinton
City Cabool (No. _____)

Registration District No. 1027
Primary Registration District No. 6136

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Barbra Lou 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 1 yrs. 1 mos. 24 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 2, 1933</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>1</u>	<u>1</u>	<u>24</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	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) <u>Cabool mo</u>				
FATHER	13. NAME <u>Lester Wilson</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo.</u>			
	15. MAIDEN NAME <u>Bertha Densmore</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>			
	17. INFORMANT (ADDRESS) <u>Lester Wilson</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cabool Cemetery</u> DATE <u>April 27, 1934</u>				
19. UNDERTAKER (ADDRESS) <u>Gaylord V. Elliott Cabool mo</u>				
20. FILED <u>Apr 23, 1934</u> <u>J. O. Weatherman</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 23 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/23 - 1934, to 4/24 1934. I last saw her alive on 4/23 - 1934. Death is said to have occurred on the date stated above, at 3:35 pm. The principal cause of death and related causes of importance were as follows:
anterior Polio myelitis

Other contributory causes of importance:
16 81

Name of operation _____ Date of _____
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) R. A. Ryan, M. D.
(Address) Cabool 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.

The following is a list of the names of the persons who were present at the meeting held on the 15th day of August, 1945, at the residence of the undersigned, at the address of 1234 Main Street, New York, New York.

The names of the persons present are as follows:

Mr. J. Edgar Hoover
 Mr. E. A. Tamm
 Mr. Clegg
 Mr. Glavin
 Mr. Ladd
 Mr. Nichols
 Mr. Rosen
 Mr. Tracy
 Mr. Carson
 Mr. Egan
 Mr. Gurnea
 Mr. Hendon
 Mr. Pennington
 Mr. Quinn
 Mr. Nease
 Mr. Gandy

The undersigned, J. Edgar Hoover, is the Director of the Federal Bureau of Investigation, United States Department of Justice.

Witness my hand and the seal of the Federal Bureau of Investigation, at Washington, D. C., this 15th day of August, 1945.

J. Edgar Hoover
 Director