

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.

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Webster
Township East Ozark
City Marshfield (No. _____)

Registration District No. 896
Primary Registration District No. 4542

File No. 15551
Registered No. 20
St. _____ Ward _____

2. FULL NAME Susan Ardella 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 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>I. S. Wilson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 23, 1880</u>		
7. AGE YEARS <u>54</u>	MONTHS <u>6</u>	DAYS <u>23</u>
8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation <u>40</u>
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) <u>Jan. 1924</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dallas Co., Mo.</u>		
13. NAME <u>Frank B. Smith</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>		
15. MAIDEN NAME <u>Mary P. Dame</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>		
17. INFORMANT <u>I. S. Wilson</u> (ADDRESS) <u>Marshfield, Mo.</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Buffalo, Mo.</u> DATE <u>April 17, 1934</u>		
19. UNDERTAKER <u>Rex Rainey</u> (ADDRESS) <u>Marshfield, Mo.</u>		
20. FILED <u>Apr. 22, 1934</u> <u>Elizabeth Highfill</u> Registrar.		

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10, 1934

22. I HEREBY CERTIFY That I attended deceased from January 12, 1934 to April 14, 1934. I last saw her alive on April 14, 1934. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:
Parachute accident
132A

Other contributory causes of importance:
132A

Name of operation no Date of X
What test confirmed diagnosis? no 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? _____
If so, specify _____ (Signed) E. M. A. Wiley, M. D.
(Address) Elkhart, Mo.

