

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

Do not use this space.

24260

1. PLACE OF DEATH

County Licking
Township Hermitage
City Hermitage (No. St. Ward)

Registration District No. 360
Primary Registration District No. 5505

File No. 58
Registered No.

2. FULL NAME Edith Florence Wilson

(a) Residence. No. Hermitage St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Geo. E. Wilson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 10 - 1897

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, ... hrs. or ... min. |
|----------|-----------|-----------|-----------|------------------------------------------|
| <u>1</u> | <u>46</u> | <u>11</u> | <u>29</u> | <u>7</u> hrs. or <u>...</u> min. |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. House wife
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Wm. J. Karlan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Lizzie Bayless

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT Geo. E. Wilson
(Address) Hermitage

15. FILED July 16 1934 Hattie Lee Walker REGISTRAR
deputy

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 10 - 1934

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw h..... alive on 19..... and that death occurred, on the date stated above, at 7 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Had Hoiter & died sudden
Was dead when I arrived.
Had never examined heart but
Some disease of heart resulting
from Hoiter was probable
CONTRIBUTORY (SECONDARY) Causes (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Mo
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) A. S. Johnston M. D.

(Address) Wheatland Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hermitage DATE OF BURIAL July 11 1934

20. UNDERTAKER J. R. Luckey ADDRESS Wheatland

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.

AUG 14 1934

