

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.

JAN 14 1935

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

Do not use this space.

42033

1. PLACE OF DEATH

County Buchanan Registration District No. 85  
Township \_\_\_\_\_ Primary Registration District No. 1001  
City St. Joseph, (No. 1514 Charles St.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 1368

2. FULL NAME Alice Jean Wilson

(a) Residence No. 1514 Charles St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 5 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8, 1934

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
0 2 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home. 1576

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) spends in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

MOTHER FATHER 13. NAME J. Turner Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

MOTHER FATHER 15. MAIDEN NAME Marjorie C. Jeffries

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

17. INFORMANT J. Turner Wilson  
(ADDRESS) 1514 Charles St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Our Home Cem. DATE Dec. 14, 1934

19. UNDERTAKER Walter Meierhoffer  
(ADDRESS) 1302 Aaron St. St. Joseph, Mo.

20. FILED 12-13 19 34 John A. Bender  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1934, to Dec 13, 1934

I last saw h. E.T. alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 11.00 A.M.

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

Cardiac Failure  
Congenital Heart Disease  
(Altho. Extracardiac Septum)

Date of onset 10-8-34

Other contributory causes of importance 1576

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) Dr. Roger Moore, M. D.  
(Address) Kirkpatrick Bldg. St. Joseph, Mo.

