FEB 2 0 1935

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

Do not use this space.

File No. 473

Registered No. 67

1. PLACE OF DEATH

County: Carroll

Township: Egypt

City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 138

Primary Registration District No. 5196

2. FULL NAME Mary Victoria 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 49 yrs. 10 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 9. 1885.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	49	10	17	

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): June 1934

11. Total time (years) spent in this occupation: Lifetime

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Norborne Carroll County Mo

FATHER

13. NAME: J. L. Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va.

MOTHER

15. MAIDEN NAME: Callie Thompson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carroll County Mo

17. INFORMANT: Mrs J. L. Wilson
(ADDRESS) Norborne Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Fair Haven DATE: Jan. 28th 1935

19. UNDERTAKER: Willis Funeral Home
(ADDRESS) Carrollton Mo

20. FILED: Feb. 6 1935 B. C. Cole M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 26th 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1933, to Jan 26, 1935. I last saw her alive on Jan 26, 1935. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

	Date of onset
Carcinoma of Liver	Aug 1933

Other contributory causes of importance: None

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) H. E. Adkins, M. D.

(Address) Norborne Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD