

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

Do not use this space.

MAR 26 1935

5172

1. PLACE OF DEATH

County Howell Registration District No. 384
Township _____ Primary Registration District No. 4227
City West Plains, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Barbara Ann Wilson

(a) Residence, No. _____ St. _____ Ward _____ Lebo, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 1 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) Infant		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26, 1935				
7. AGE YEARS 0	MONTHS 0	DAYS 29	If LESS than 1 day, hrs. or min.	
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 _____	
MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lebo, Mo.</u>			
	13. NAME <u>Chas. Dee Wilson</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>			
	15. MAIDEN NAME <u>Dorothy, Lamb.</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lebo, Mo.</u>				
17. INFORMANT <u>Chas. Dee Wilson</u> (ADDRESS) <u>Lebo, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lebo, Mo.</u> DATE <u>Feb. 26, 1935</u> <u>Lost Spgs. Cem.</u>				
19. UNDERTAKER <u>Hal Flourburgh</u> (ADDRESS) <u>West Plains, Mo.</u>				
20. FILED <u>2-25</u> 1935 <u>Vida W. SIMONS</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 26 - 1935

22. I HEREBY CERTIFY, that I attended deceased from Feb - 24 - 1935 to Feb - 26 - 1935
I last saw her alive on Feb - 25 - 1935 Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:
Encephalitis
Other contributory causes of importance Middle ear infection

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) J. H. Gung, M. D.
(Address) West Plains 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.

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