

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

Do not use this space.

MAR 27 1935

6007

1. PLACE OF DEATH

County McDonald
Township Buffalo
City (No.)

Registration District No. 142
5698 5-11
Primary Registration District No. 5-8-13

File No.
Registered No. 18
St. Ward

2. FULL NAME Lucinda E. 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 yrs. mos. 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 9. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Wilson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4 - 1879
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 - 7

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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

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

MOTHER FATHER
13. NAME Samuel J. Roark

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

15. MAIDEN NAME Scarborough

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Fred Wilson
Seneca Mo. R. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Refrigerated DATE 2-13 1935

19. UNDERTAKER (ADDRESS) W. B. Buzzard
Seneca Mo.

20. FILED Feb. 15, 1935 Merle Spaulding
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1935, to Feb. 11, 1935

I last saw him alive on Feb. 11, 1935 Death is said

to have occurred on the date stated above, at 3-10 P.M.

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

Chronic Parenchymatous nephritis

Date of onset

Other contributory causes of importance: Glaucoma

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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

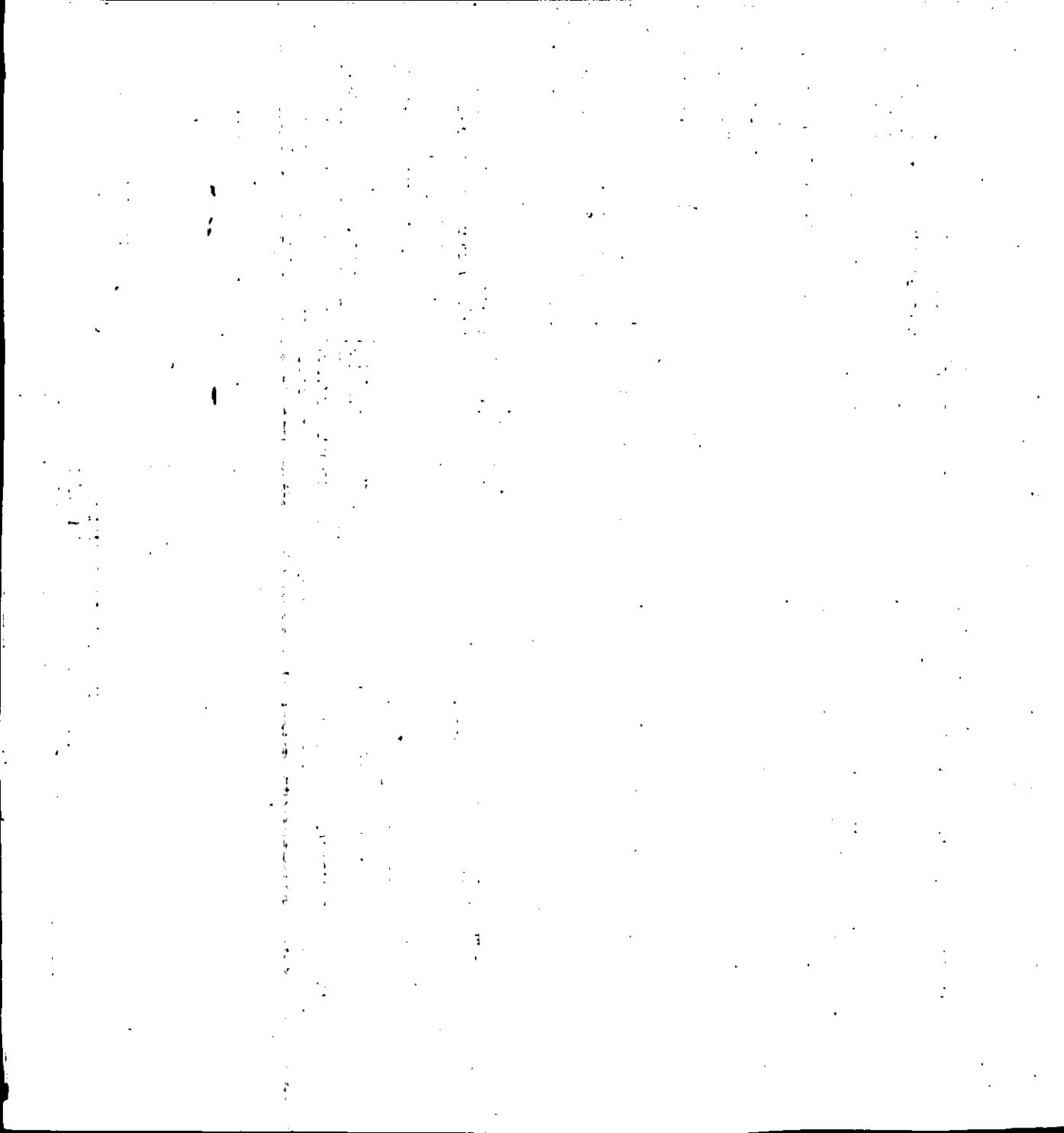
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify N.B. Seneca

(Signed) V. B. Seneca, M. D.

(Address) Seneca, Mo.



MAY 3 1 1935

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Madison Registration District No. 142 File No. _____
Township Buffala Primary Registration District No. 56987 Registered No. 8
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Lucinda C 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Wilson

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
56 - 7

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Mo

13. NAME Samuel J. Bask

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Ma

15. MAIDEN NAME - Jean Brough

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Am

17. INFORMANT Fred Wilson
(ADDRESS) Jensen mo R1

18. BURIAL, CREMATION, OR REMOVAL Reburied DATE 2/13 1935

19. UNDERTAKER B. B. Buzzard
(ADDRESS) Jensen mo

20. FILED 5/10 1935 Chas. W. Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 to Feb 11 1935

I last saw him alive on Feb 11 1935. Death is said to have occurred on the date stated above, at 3:10 P. m.

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

Date of onset

Chronic Parenchymatous Nephritis

Other contributory causes of importance: Flu

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1935

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) J. B. Dummer, M. D.

(Address) Jensen mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

APR 26 1935

APR 29 1935

5-6007