

MAY 21 1935

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

Do not use this space.

11936

1. PLACE OF DEATH

County BooneRegistration District No. 73Township ColumbiaPrimary Registration District No. 3006Sts. Columbia (No.) St. Ward)

File No.

Registered No. 82

2. FULL NAME

Starinda Jackson Wilcox(a) Residence, No. Route 6 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

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFC. E. Wilcox6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5 1861

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

73917

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) Boone Co Mo13. NAME Mertimer Strawn14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Sallie Ann Franklin Beggis16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT C. E. Wilcox
(ADDRESS) Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE NEW PROVIDENCE DATE April 24th 193519. UNDERTAKER P. O. Wilcox
(ADDRESS) Columbia, Mo.20. FILED 4/22/35 Allie Selby
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23rd 1935

22. I HEREBY CERTIFY, That I attended deceased from

April 15, 1935 to April 22, 1935I last saw her alive on April 21, 1935. Death is saidto have occurred on the date stated above, at 5:40 A.M.

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

Broncho-Pneumonia Date of onset

Other contributory causes of importance:

Influenza

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? no

If so, specify

(Signed) Boyd Simpson, M. D.(Address) Columbia 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.

