

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

Do not use this space.

13165

**1. PLACE OF DEATH**

County Wagon Registration District No. 209  
 Township Wagon Primary Registration District No. D-102  
 City Wagon No. 209 E. 30 St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 2099

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 209 E. 30 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 Negro 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) June 9, 1905

7. AGE YEARS 30 MONTHS 10 DAYS 3 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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. Housekeeper  
 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) Cedar City Mo.

13. NAME Mendell Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar City Mo.

15. MAIDEN NAME Virginia Dooling

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar City Mo.

17. INFORMANT (ADDRESS) Stone Dooling

18. BURIAL, CREMATION, OR REMOVAL PLACE Stone Ridge DATE 4-28-35

19. UNDERTAKER (ADDRESS) Julius Dr. Fischer

20. FILED May 20, 1935 Registrar \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 12, 1930

22. I HEREBY CERTIFY, That I attended deceased from 4-10 1935, to 4-15 1935.

I last saw her alive on 4-15 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:

Asphyxiation of  
congestion, arch  
with edema of pressure  
on trachea

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? ray Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 1930

Where did injury occur? none (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) Clas... M. D.  
 (Address) ...

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.

