JUN 1 8 1935

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

Do not use this space.

15656

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 545
City St. Joseph (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Hattie May Wilson
(a) Residence, No. Halls Mo. St., Ward. Halls 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. 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 OF W O. Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1882

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
52	4	22	

OCCUPATION
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) Halleck Missouri

FATHER
13. NAME Wm. W. Payne
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb. Missouri

MOTHER
15. MAIDEN NAME Mollie Baro
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ind.

17. INFORMANT W. O. Wilson
(ADDRESS) Halls Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sugar Creek Cem. DATE May 16, 1935

19. UNDERTAKER Clark Mortuary
(ADDRESS) St. Joseph Mo.

20. FILED 5-15, 1935 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1935, to May 14, 1935
I last saw her alive on May 14, 1935. Death is said to have occurred on the date stated above, at 1.30 p.m.
The principal cause of death and related causes of importance were as follows:

Streptococcic Infection of Throat

Date of onset

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Culture 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 K Wallace, M. D.
(Address) 301 N 8 St Joseph 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.