

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

Do not use this space.

**JUN 25 1935**

17120

**1. PLACE OF DEATH**

County Marion Registration District No. 547  
Township Mason Primary Registration District No. 3679  
City Hannibal No. 806, Bird Street

File No. \_\_\_\_\_  
Registered No. 151  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Virginia Frances Wilson

(a) Residence, No. 806 Bird 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert M. Wilson  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12, 1861  
7. AGE YEARS 73 MONTHS 5 DAYS 4 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1935  
22. I HEREBY CERTIFY That I attended deceased from April 8, 1935, to May 16, 1935  
I last saw her alive on May 16, 1935. Death is said to have occurred on the date stated above, at 12:30 a.m.  
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home  
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 \_\_\_\_\_

Acute gastritis Date of onset 5-15-35  
myocarditis

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion County Missouri  
13. NAME William Maddy  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion County Missouri  
15. MAIDEN NAME Christie Keith  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion County Missouri

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

17. INFORMANT Mrs. Bessie Turner (ADDRESS) 806 Bird Hannibal, Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olivet DATE May 18, 1935  
19. UNDERTAKER Wm M Smith (ADDRESS) Hannibal, Missouri  
20. FILED May 16, 1935 R. H. Schuster Registrar.

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. G. Phillips, M. D.  
(Address) 500 Broadway Hannibal, 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.

