

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.

JUN 26 1935
MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

17393

1. PLACE OF DEATH

County Pettis
Township Breder
City _____ (No. _____)

Registration District No. 672
Primary Registration District No. 5895

File No. _____
Registered No. 2
Ward _____

2. FULL NAME

Hollie S. Wilson
(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J M Wilson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 23-1872</u>		
7. AGE YEARS <u>62</u>	MONTHS <u>4</u>	DAYS <u>23</u> If LESS than 1 day, ...hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>April 1935</u>	
11. Total time (years) spent in this occupation <u>life</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monserat Mo</u>		
FATHER	13. NAME <u>Eliza Shacklett</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
	15. MAIDEN NAME <u>Eliza Jane Starkey</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
	17. INFORMANT (ADDRESS) <u>J M Wilson Breder Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Breder</u> DATE <u>May 26 1935</u>		
19. UNDERTAKER (ADDRESS) <u>W C Westbrook Houstonia Mo</u>		
20. FILED <u>May 19 1935</u> <u>J J Evans</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935, to May 18, 1935
I last saw her alive on May 15, 1935. Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:
Chronic interstitial nephritis with a compensating heart
Date of onset _____

Other contributory causes of importance _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) J J Bishop, M. D.
(Address) Sedalia Mo.

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