

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.

NOV 29 1935

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

Do not use this space.

25308-1

1. PLACE OF DEATH

County Stoddard
 Township New Lisbon
 City Advocate R 2 (No.)

Registration District No. 834
 Primary Registration District No. 6103

File No.
 Registered No. 28
 St. Ward)

2. FULL NAME

Julia E. Wilson
 (a) Residence, No. St., Ward.

(Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>mar</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>H. J. Wilson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10/21/1866</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>8</u>
	DAYS <u>18</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	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. <u>Domestic</u>	
	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) <u>Ky.</u>		
MOTHER FATHER	13. NAME <u>Alfred Davis</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>	
	15. MAIDEN NAME <u>Bredek Williams</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>	
17. INFORMANT (ADDRESS) <u>Tracy Williams</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Funerary Home</u> DATE <u>Aug 1st</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>W. B. Linkford</u>		
20. FILED <u>10-11-1935</u> <u>McReary</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30th 1935

22. I HEREBY CERTIFY That I attended deceased from July 15th 1935, to July 30th 1935
 I last saw her alive on July 29th 1935 Death is said to have occurred on the date stated above, at 11:42 m.

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

Toxic Gastritis Date of onset AK

Other contributory causes of importance:

Take Antina

Name of operation Date of
 What test confirmed diagnosis? Chemical Was there an autopsy? Yes

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. E. Davis, M. D.
 (Address) Advocate

