

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

Do not use this space.

30092

OCT 25 1935

**1. PLACE OF DEATH**

64  
8  
County Monroe Registration District No. 547  
Township Massac Primary Registration District No. 3019  
City Hammond (No. 213 South Maple Ave St. 5 Ward)

File No. \_\_\_\_\_  
Registered No. 273

**2. FULL NAME**

Lillie Jane Wilson  
(a) Residence, No. 213 South Maple Ave 5 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 32 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Northimer H. Wilson  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27-1868  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 4 16  
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.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lourensville Kans.

13. NAME John E. Kalloway

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Margaret Duke

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Alvo Campbell  
(ADDRESS) Hammond Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Hammond Mo. DATE Sept 15 1935

19. UNDERTAKER Wm. J. Schwartz  
(ADDRESS) Hammond Mo.

20. FILED Sept 14 1935 W. H. Foster  
Deputy Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 13 - 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-13, 1935 to 9-13, 1935  
I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 11:10 p.m.

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

Coronary Thrombosis Date of onset 8-12-35  
948

Other contributory causes of importance:  
Arterio sclerosis 10 yrs  
+ Arterial Hypertension

Name of operation no Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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. H. Hardy, M. D.  
(Address) Hammond 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.

