NOV 19 1935

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

Do not use this space.

32150

1. PLACE OF DEATH

County Cass — Registration District No. 156 — File No.

Township — Primary Registration District No. 4090 — Registered No.

City Harrisonville (No. ..., ... St. ..... Ward)

2. FULL NAME Isabelle Virginia Wilson

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 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: John H. Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 30 - 1857

7. AGE: YEARS 77 — MONTHS 9 — DAYS 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home-maker
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): Iowa

FATHER

13. NAME: Peter Mann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Hester A Hopkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Oxford Ohio

17. INFORMANT (ADDRESS): Nile Wilson Harrisonville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Orient Cemetery DATE: 10/14 1935

19. UNDERTAKER (ADDRESS): Runnenburger Bros. Harrisonville Mo.

20. FILED 10/14 1935 E. M. Griffith Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-13, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 1935, to Oct 13, 1935

I last saw her alive on Oct 11, 1935 Death is said to have occurred on the date stated above, at 2:35 A.m.

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

Carcinoma of Left Breast

Date of onset

Other contributory causes of importance:

50

Name of operation ..... 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? .....

If so, specify .....

(Signed) J. U. Scott M. D.

(Address) Harrisonville 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.