WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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 21 1935

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

Do not use this space.

32674

1. PLACE OF DEATH
County JACKSON — Registration District No. ..... — File No. .....
Township KAW — Primary Registration District No. ..... — Registered No. 3253
City KANSAS CITY (No. 103 - EAST 41 ST St. ..... Ward)

2. FULL NAME MISS RACHEL L. WILSON
(a) Residence, No. 103 EAST 41 ST 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): SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUGUST 11 1887
7. AGE: YEARS 48 — MONTHS 1 — DAYS 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. OFFICE MANAGER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ESSMUELLER MILL FURNITURE CO.
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) KIMBALL SOUTH DAKOTA

FATHER
13. NAME ANDREW WILSON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SCOTLAND

MOTHER
15. MAIDEN NAME MARY MUIR
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SCOTLAND

17. INFORMANT (ADDRESS) MISS THELMA FIGGINS 7327 WALNUT ST.
18. BURIAL, CREMATION, OR REMOVAL PLACE GREEN LAWN RICH HILL, MO. DATE OCTOBER 8 1935
19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS KANSAS CITY, MISSOURI
20. FILED 10/8 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCTOBER 6 1935
22. I HEREBY CERTIFY, That I attended deceased from [signature] 19..... to ..... 19.....
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 8:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiectasis	
Chronic fibrous myocarditis	
fibrosis	

Other contributory causes of importance:

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) [signature], M. D.
(Address) [signature]

St. Marys Hospital
8.30.9