

DEC 28 1935

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

Do not use this space.

38330

1. PLACE OF DEATH

County Lancaster
Township Oliver
City Milledred (No.) (Ward)

Registration District No. 859
Primary Registration District No. 6130

File No. 70
Registered No.
St. Ward)

2. FULL NAME

Matilda Jane Wilson

(s) Residence, No. St., Ward.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leslie Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3 - 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 6 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Heav
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) Tenn.

FATHER 13. NAME J.P. Moore

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

MOTHER 15. MAIDEN NAME Don't know

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

17. INFORMANT Wilson Bros (ADDRESS) Milledred Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Snapp cemetery DATE 12/1 35

19. UNDERTAKER Howelchel (ADDRESS) Branson Mo

20. FILED 11/30 1935 John H. Baxter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/29 1935

22. HEREBY CERTIFY, That I attended deceased from Oct 12 1935 to Nov 29 1935. I last saw her alive on Nov 29 1935. Death is said to have occurred on the date stated above, at 1 AM. The principal cause of death and related causes of importance were as follows:

Mitral Valvular Insufficiency
Arterio Sclerosis

Other contributory causes (importance):
Arterio Sclerosis

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) Guy B. Mitchell M. D.
(Address) Branson, 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.

