

APR 24 1936

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

Do not use this space.

12199

## 1. PLACE OF DEATH

County *St. Francois*Registration District No. *475*

File No. ....

Township *Reese*Primary Registration District No. *622-A*Registered No. *14*City *Bonne Terre Mo*

St. .... Ward)

## 2. FULL NAME

(a) Residence, No. *Bonne Terre Mo* 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. (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) *Married*5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *James Henry Wilfang*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 9, 1890*7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min. *45 7 26*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

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) *Washington Co Missouri*13. NAME *Ben Duncan*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*15. MAIDEN NAME *Fannie Gregory*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *West Virginia*17. INFORMANT (ADDRESS) *Sylvester Wilfang Bonne Terre Mo*18. BURIAL, CREMATION, OR REMOVAL PLACE *Primrose Cemetery* DATE *Mar 8 '36*19. UNDERTAKER (ADDRESS) *Bentley and Co Bonne Terre Mo*20. FILED *March 8, 1936* *N. W. Hawken* Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 5, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Dec 28, 1935* to *March 5, 1936*I last saw her alive on *March 5, 1936* Death is saidto have occurred on the date stated above, at *10:20 a.m.*

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

*Chronic myocarditis* Date of onset

Other contributory causes of importance:

*Unknown*

Name of operation ..... Date of .....

What test confirmed diagnosis? *Thyroid* 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) *A. E. Erass* M. D.(Address) *Bonne Terre 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.

5  
1936 - 3 - 35  
1890 - 8 - 9  
45 - 4 - 26