

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.

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

Do not use this space.

13963

JUN 17 1936

1. PLACE OF DEATH

County Baird
Township Mihers
City (No.)

Registration District No. 29
Primary Registration District No. 5039

File No.
Registered No. 30 St. Ward)

2. FULL NAME

(a) Residence, No. Capo no St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 3 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

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Husband W. M. J. Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10 1852

7. AGE YEARS 85 MONTHS 10 DAYS 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

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) Ark.

13. NAME J. T. Houser

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

15. MAIDEN NAME Susan Bonner

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

17. INFORMANT W. M. J. Wilson (ADDRESS) Capo no

18. BURIAL, CREMATION, OR REMOVAL PLACE Stubblefield DATE 4/5 1936

19. UNDERTAKER Spring Gibson (ADDRESS) Capo no

20. FILED June 5 1936 John Newman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 1936

I HEREBY CERTIFY that I attended deceased from July 24 1934 to Apr. 3 1936
last seen alive on Apr. 3 1936 Death is said to have occurred on the date stated above, at 12 noon

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

Chronic Bronchitis Date of onset 4/1/36
10 yrs
Other contributory causes of importance: Acute Carditis

Name of operation

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

Where did injury occur? (Specify city or town, county, and State)

Manner of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify St. Michael's Hosp (Signed) W. M. J. Wilson M. D. (Address) Capo no

AUG 7 1957