

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.

MAY 19 1936

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

Do not use this space.

14452

1. PLACE OF DEATH

County Cedar
Township El Dorado Spg. (No.
City El Dorado Spg. (No.

Registration District No. 163
Primary Registration District No. 4095

File No. _____
Registered No. 17
St. _____ Ward _____

2. FULL NAME Miss Louisa Wilson

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 16 1843</u>		
7. AGE YEARS <u>92</u>	MONTHS <u>5</u>	DAYS <u>15</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	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) Henry Co Mo.

13. NAME John Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Car.

15. MAIDEN NAME Elizabeth Jennings

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

17. INFORMANT Walter Wilson
(ADDRESS) Windsor Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hickory Grove DATE April 4 1936

19. UNDERTAKER Caroline Rogers
(ADDRESS) El Dorado Spg. Mo.

20. FILED 4-4 - 1936 J. L. Dawson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 2 1936

22. I HEREBY CERTIFY, That I attended deceased from March 16 1936, to Apr 2 1936

I last saw him alive on Mar 16 1936. Death is said to have occurred on the date stated above at 3 P. m.

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

Cardiac Apoplexy

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? No

If so, specify _____

(Signed) M. P. Boynton, M. D.
(Address) El Dorado Spg.

