

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.

AUG 19 1936

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

Do not use this space.

14.699-1

1. PLACE OF DEATH

County Dublin
Township Buffalo
City Cardwell (No.)

Registration District No. 283
Primary Registration District No. 5402

File No.
Registered No.
St. Ward)

2. FULL NAME

Mrs. Maggie 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 19 1880</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>11</u>
	DAYS <u>25</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>Retired</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) <u>Waverly Tenn.</u>		
FATHER	13. NAME <u>Chas. Ladd</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
MOTHER	15. MAIDEN NAME <u>Lucretia Briggs</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
17. INFORMANT (ADDRESS) <u>J. F. Ladd, Cardwell, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cardwell Mo.</u> DATE <u>4-15 36</u>		
19. UNDERTAKER (ADDRESS) <u>Mitchell-Randerson, Cardwell, Mo.</u>		
20. FILED <u>8-6 36</u> <u>J. W. Wilson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 14th 1936

22. I HEREBY CERTIFY That I attended deceased from admittance to the last 2 or 3 days of 1936, 1936

I last saw h. & c. alive on Apr 12, 1936. Death is said

to have occurred on the date stated above, at.....m.

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

Pulmonary Tuberculosis Date of onset

23

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) D. A. Parker, M. D.
(Address) Cardwell Mo.

1935 4 30
144

44
1880 4 19

54 11 25