

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 22 1936

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

Do not use this space.

15965

1. PLACE OF DEATH

County Macou Registration District No. 530  
Township Walnut Primary Registration District No. 5707  
City St. Louis (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Essie Wilson

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 <u>Chas Wilson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov - 20 - 1867</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>4</u>
	DAYS <u>31</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation.
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Amsterdam</u> <u>N.Y.</u>	
	13. NAME <u>Chas French</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N.Y.</u>	
	15. MAIDEN NAME <u>Mary Reed</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N.Y.</u>	
	17. INFORMANT <u>Mrs Ruskin</u> (ADDRESS) <u>Elmer mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Elmer mo</u> DATE <u>4-23-1936</u>		
19. UNDERTAKER <u>H. Gooding</u> (ADDRESS) <u>Atlantic mo</u>		
20. FILED <u>4-25</u> 1936 <u>Mrs L. Baker</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 21 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-17- 1936, to 4-21- 1936  
I last saw him alive on 4/21- 1936. Death is said to have occurred on the date stated above, at 2:30 p.  
The principal cause of death and related causes of importance were as follows:  
Influenza (acute)  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Pernicious Anemia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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) \_\_\_\_\_, M. D.  
(Address) A. L. Campbell  
Atlanta, Mo.

