

MAY 21 1936

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

Do not use this space.

19742

1. PLACE OF DEATH

County Jackson Registration District No. 404 File No.
Township Washington Primary Registration District No. 5858 Registered No. 40
City Woodland (No. 979) St. Ward)

2. FULL NAME

Helen Margaret Wilson
(a) Residence, No. 3540 Baltimore St., Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 7 yrs. no mos. no 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 deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1917-1-22

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
24 3 13

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Cashier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant
10. Date deceased last worked at this occupation (month and year) 5/11/1936 11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sheldon Mo

MOTHER FATHER
13. NAME Geo. W. Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico Mo

MOTHER FATHER
15. MAIDEN NAME Emma Appelman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Creveille Ohio

17. INFORMANT (ADDRESS) Antilean Bridgforth

18. BURIAL, CREMATION, OR REMOVAL PLACE Honest Hill DATE 5-5 1936

19. UNDERTAKER (ADDRESS) Suddarth-Buchanan
6900 Locust

20. FILED May 2 1936 J. F. Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/21/36 19

22. I HEREBY CERTIFY That I attended deceased from April 21/36 to 5/21/36, 19.....
I last saw him alive on 5/15/36, 19..... Death is said to have occurred on the date stated above at 7:15 A.M.

The principal cause of death and related causes of importance were as follows:
Submucosal hemorrhage
Anginal injury of chest
Arteriosclerosis

Other contributory causes of importance:
no

Name of operation Autopsy Date of 5/21/36
What test confirmed diagnosis? no Was there an autopsy? yes

23. If death was due to external causes (violence), all in also the following: Accident, suicide, or homicide. Date of injury 5/21/36
Where did injury occur at the Waldorf Astoria
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury with car struck signal
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) [Signature], M. D.

(Address) [Signature]

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

100M-3-23-C

WRITE BY HAND
NO INK--THIS IS A P.E.