

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.

SEP 29 1936

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

Do not use this space.

32017
21

1. PLACE OF DEATH

County Putnam

Township Elmer

City

(No.

Registration District No. 719

Primary Registration District No. 5950

File No.

Registered No.

St.

Ward)

2. FULL NAME Hannah O 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

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Morris Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15-1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 42 7 20

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) Jan 1935 11. Total time (years) spent in this occupation. 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co Mo

FATHER 13. NAME Levi H Dye

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

MOTHER 15. MAIDEN NAME Jarah W. Dixon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co Mo

17. INFORMANT (ADDRESS) Morris Wilson Putnam Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hartford Cemetery DATE Aug 6 36

19. UNDERTAKER (ADDRESS) Remond Truck Co Putnam Mo

20. FILED Aug 6 1936 Dr C O Thomas Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1936 to Aug 5 1936

I last saw h. alive on Aug 5 1936. Death is said to have occurred on the date stated above, at 9:15 am.

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

Carcinoma uterus Oct 35

4 1/2

Other contributory causes of importance:

Name of operation Amp Cervix Date of Feb 36
What test confirmed diagnosis? Micro 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

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?
If so, specify

(Signed) J Neal Martin, M. D.
(Address) Marionville Mo

