

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

Do not use this space.

OCT 1 1936

33497

1. PLACE OF DEATH

County North
Township Union
City Sheridan (No.)

Registration District No. 904
Primary Registration District No. 45-46

File No.
Registered No.
St. Ward)

2. FULL NAME

Minnie Bell Wilson

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 23 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Paris L Spaulding

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. -2- 1878

7. AGE YEARS 57 MONTHS 9 DAYS 19 If LESS than 1 day, hrs. or min.

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.
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) Nodaway Mo.

13. NAME Ben A. Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maysville Indiana

15. MAIDEN NAME Susan Jane Rush

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston West Virginia

17. INFORMANT P. L. Spaulding (ADDRESS) Sheridan Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Breathon DATE 23 Aug 1936

19. UNDERTAKER Long & Boyd (ADDRESS) Sheridan Mo.

20. FILED: Aug 23, 1936 Mrs. O. H. Bond Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-21, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1934, to 8-21, 1936

I last saw her alive on 8-19, 1936 Death is said to have occurred on the date stated above, at 5:30 P.M.

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

myocarditis
cirrhosis of liver
12/3-1

Date of onset

Other contributory causes of importance:
Name of operation none Date of
What test confirmed diagnosis Clinical as 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 none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) J. W. Boyles M. D.
(Address) Conception Junction Mo.

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.

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