

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.

NOV 4 1936

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

Do not use this space.

35031

1. PLACE OF DEATH

County Morgan  
Township Great Grove  
City Lebanon (No. ....)

Registration District No. 577  
Primary Registration District No. 5775

File No. ....  
Registered No. 13  
St. .... Ward

2. FULL NAME Dessie 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

3. SEX Female 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 John Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 10 17

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.  
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) Morgan Co., Mo.

FATHER 13. NAME Tyree

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

MOTHER 15. MAIDEN NAME Margaret Schumack

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT Mrs. Cliff Clouinger (ADDRESS) California, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Great Grove DATE Sept 16 1936

19. UNDERTAKER William V. Fredmeyer (ADDRESS) California, Mo.

20. FILED 10-9 1936 Margaret Robertson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13, 1936

22. I HEREBY CERTIFY, that I attended deceased from Sept 3, 1936, to Sept 13, 1936. I last saw her alive on Sept 11, 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:

Cancer of liver  
46

Other contributory causes of importance: .....  
Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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?.....  
If so, specify.....  
(Signed) D. S. Wilson, M. D.  
(Address) California, Mo.

