

OCT 23 1936

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

Do not use this space.

35072

1. PLACE OF DEATH

County *New Madrid*Registration District No. *604*

File No.

Township *New Madrid*Primary Registration District No. *4358*

Registered No.

City *New Madrid*

No.

St.

Ward)

2. FULL NAME *Minnie Wilson*

(a) Residence, No.

St.

Ward.

(If nonresident, give city or town and State)

(Usual place of abode).

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 *white*5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *James Wilson*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 25 - 1921*

7. AGE

YEARS *15*MONTHS *7*DAYS *29*

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Wife*

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) *New Madrid*
(STATE OR COUNTRY) *Missouri*

FATHER

13. NAME *Steve Chamberlain*14. BIRTHPLACE (CITY OR TOWN) *Ark*
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME *Jennie Frohock*16. BIRTHPLACE (CITY OR TOWN) *Ark*
(STATE OR COUNTRY)17. INFORMANT *Jeneva Chamberlain*
(ADDRESS) *New Madrid, Mo.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Farmington, Mo.*DATE *Sept* 193619. UNDERTAKER *Richard Ward Co.*
(ADDRESS) *New Madrid, Mo.*20. FILED *9/24*, 1936 *Wm. O'Boon*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 24*, 193622. I HEREBY CERTIFY, That I attended deceased from *9/10*, 1936, to *9/24*, 1936I last saw her alive on *9/24/36*, 19... Death is saidto have occurred on the date stated above, at *b.o.s.m.*

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

Pneumonia

Date of onset

Other contributory causes of importance:

Follicular Tonitritis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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) *M. C. Mill*

, M. D.

(Address) *New Madrid, Mo.*

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.

MISSOURI STATE BOARD OF HEALTH—BUREAU OF VITAL STATISTICS—THIS IS A PERMANENT RECORD

