

OCT 5 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City..... (No. **FIRMEN DESLOGE Hosp.** Ward)

36104

File No. **9747**Registered No. **9747**

## 2. FULL NAME

**Martha Wilson**  
(a) Residence, No. **1819 Kennett Place** Ward. **23**  
(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 **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) **MAR. 1-1882**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**54 6 23**

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) **IBERIA, MO**13. NAME **Unknown**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**15. MAIDEN NAME **Unknown**

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

17. INFORMANT **James Wilson** (ADDRESS) **1819 Kennett Place**18. BURIAL, CREMATION, OR REMOVAL PLACE **NEWBURG, MO** DATE **SEPT 23 1936**19. UNDERTAKER **JOS. P. FENDLER JR** (ADDRESS) **7129 MICHIGAN AVE**20. FILED **SEP 25 1936** **J. T. Bredek** Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9-24**, 19**36**22. I HEREBY CERTIFY, That I attended deceased from **9-5**, 19**36**, to **9-24**, 19**36**I last saw him alive on **9-24**, 19**36** Death is saidto have occurred on the date stated above, at **9 P.** m.

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

**Impacted Bone (osteomyelitis)**  
**Diabetic Insulinosis**  
**Not history of injury to head**

Other contributory causes of importance:

**Staphylococcus aureus**  
**Staphylococcus aureus**

Name of operation **Incision** Date of **9-24**What test confirmed diagnosis? **St. Culture** Was there an autopsy? **Yes**

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. T. Bredek**, M. D.(Address) **Firmen Desloge Hosp.**

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

