

DEC 18 1936

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

Do not use this space.

40560

1. PLACE OF DEATH

County Callaway
Township Cedar
City New Bloomfield (No. St. Ward)

Registration District No. 109
Primary Registration District No. 5168

File No.
Registered No. 610

2. FULL NAME Lucy Lauannia 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charlie W. Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/14/1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 3 16

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) Missouri

13. NAME Tillman Vaughan

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

15. MAIDEN NAME Eliza Ann Reynolds

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

17. INFORMANT Mrs. C. S. Hudson
(ADDRESS) Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopewell DATE Nov. 18th, 36

19. UNDERTAKER Ray A. Holt
(ADDRESS) New Bloomfield, Mo.

20. FILED Dec 10 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14th 193622. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1936, to Nov 14, 1936.I last saw h. alive on Nov 14, 1936. Death is saidto have occurred on the date stated above, at 2 p.m.

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

apoplexy

Date of onset

Nov 14
36

Other contributory causes of importance:

arteriosclerosis general

Name of operation Date of

What test confirmed diagnosis? chest Was there an autopsy? 2

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 house, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 20

If so, specify

(Signed) Paul Rusk, M. D.(Address) New Bloomfield 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.

