

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

Do not use this space.

47337

JAN 27 1937

**1. PLACE OF DEATH**

County Stoddard  
Township Elk  
City Cross R. (No. \_\_\_\_\_)

Registration District No. 935  
Primary Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Maggie Evelyn 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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Harold C. Wilson</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>June 3, 1916</b>		
7. AGE YEARS <b>20</b>	MONTHS <b>6</b>	DAYS <b>22</b>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Housewife</b>
	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) **Stoddard Co., Missouri**  
(STATE OR COUNTRY)

13. NAME **George Miller**

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

15. MAIDEN NAME **Edna Treat**

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

17. INFORMANT **George Miller**  
(ADDRESS) **Essex, Mo. R. 1**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Old Bethel Cem.** DATE **12/26/36**

19. UNDERTAKER **Blankenship-Strickland**  
(ADDRESS) **Dexter Mo.**

20. FILED **1-8** **1937** **Mrs. M. B. Gamel**  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12/25/36**, 19**36**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 20** 19**36**, to **Dec 25** 19**36**  
I last saw him alive on **Dec 20**, 19**36** Death is said to have occurred on the date stated above, at **11am**.  
The principal cause of death and related causes of importance were as follows:

**Carcinoma of Lung** (Date of onset \_\_\_\_\_)

Other contributory causes of importance:  
**Primary Lobar Pneumonia**

Name of operation **Amputation** Date of **July 1936**  
What test confirmed diagnosis? **Lab.** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? **No** 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? **No**  
If so, specify \_\_\_\_\_  
(Signed) **A. S. Hurst**, M. D.  
(Address) **Essex, 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.

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