

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.

FEB 24 1937

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

Do not use this space.

2347

1. PLACE OF DEATH
 71 County Morgan Registration District No. 953
 Township Mill Creek Primary Registration District No. 5797-B
 City Mill Creek (No. 2) St. _____ Ward _____

2. FULL NAME Lintha Ann 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 F. M. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27-1860

7. AGE YEARS 77 MONTHS 0 DAYS 8 If LESS than 1 day,hrs. ormin.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 267
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 1 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co. Mo 31

FATHER
 13. NAME James Sidelbottoms
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
 15. MAIDEN NAME Margaret Andrews
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Jess Bellamy
 (ADDRESS) Fortuna, Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Hopewell DATE Feb 5, 1937

19. UNDERTAKER W. F. Kidwell
 (ADDRESS) Persailles, Mo

20. FILED Feb 9, 1937 Julius Hager
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936, to Feb 4, 1937
 I last saw her... alive on Jan 28, 1937 Death is said to have occurred on the date stated above, at 1:30 A. m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of stomach Date of onset 1-5-36

Other contributory causes of importance:
None

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 _____, 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. J. Versailles M. D.
 (Address) Persailles, Mo

