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 23 1937

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

Do not use this space.

2982

1. PLACE OF DEATH
96 County St Louis — Registration District No. 789 — File No.
Township Central — Primary Registration District No. 6033 — Registered No. 24
City Overland (No. 2239 So Wise 2 St. Ward)

2. FULL NAME Infant Wilson 1
(a) Residence, No. 2239 S Wise 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 21 1937
7. AGE YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, 0 hrs. or 0 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
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) Overland Mo 1

FATHER
13. NAME Robert Wilson 2
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Princeton Indianna 1

MOTHER
15. MAIDEN NAME Virginia Allen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Center Mo.

17. INFORMANT (ADDRESS) Robert Wilson 2239 S Wise Overland Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Fee Fee Cem DATE Jan 22 1937
19. UNDERTAKER (ADDRESS) Al C Ortmann 9222 Lockland Overland Mo.
20. FILED 1-22- 1937 H A Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21 1937
22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1937, to Jan 21 1937
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7.30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Miscarriage - Stilborn	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

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? .....
If so, specify .....
(Signed) Edw J Logan, M. D.
(Address) 2554 A Woodson Rd