APR 28 1937

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

Do not use this space.

File No. 13763
Registered No. 6

1. PLACE OF DEATH
County Scott
Township
City Chaffee Missouri (No. , St. Ward)

Registration District No. 816
Primary Registration District No. 4492

2. FULL NAME Lucinda Wilson
(a) Residence, No. 133 Cook Ave. St., 4 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 2 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 Grover C. Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 6 1887

7. AGE: Years 49 | Months 2 | Days 29 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) March 1
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ridgeway Illinois

FATHER
13. NAME No record- Owens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

MOTHER
15. MAIDEN NAME No record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record Illinois

17. INFORMANT (ADDRESS) Mrs. R. L. Marks Florence Alabama

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oakland Cem. Brinkley Ark. DATE March 7 1937

19. UNDERTAKER (ADDRESS) Stubbs Funeral Home Chaffee Missouri

20. FILED 3/6 1937 W.O. Finney Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27 1937, to Mar 5 37, 19..
I last saw him alive on Mar 5, 1937. Death is said to have occurred on the date stated above, at 5 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide bichloride of Mercury	2/27/1937
Hemoplegia L. complete	
Albuminuria severe	
Uremia, cardiac & resp. failure	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? chemical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury 2/27 1937
Where did injury occur? home, Chaffee Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Oral bich. merc.
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) W.D. Finney, M. D.
(Address) Chaffee 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.