

JUL 27 1937

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

Do not use this space.

23532

1. PLACE OF DEATH
 County Cooper Registration District No. 2/17
 Township Blackwater Primary Registration District No. 5297
 City Blackwater (No. St. Ward)

2. FULL NAME Louise Wilson
 (a) Residence, No. Blackwater, RFD # 2 (St. Ward) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 4 yrs. - 0 mos. - 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-7-1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>76</u>	<u>3</u>	<u>17</u>		

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) June 1 - 1937 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pilot Grove Missouri

13. NAME Ferdinand Protzinger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown France

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown France

17. INFORMANT S. J. Wilson
(ADDRESS) Blackwater Mo

18. BURIAL INFORMATION OR REMOVAL
 PLACE Perennial Cem DATE 6-27-37

19. UNDERTAKER (ADDRESS) Hayes & Stracklein Blackwater Mo

20. FILED 6-27-37 W. J. Hone Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-24-1937

22. I HEREBY CERTIFY, That I attended deceased from 3-18-1937 to 6-23-1937, 1937
 I last saw h. alive on 6-23-1937 Death is said to have occurred on the date stated above, at 9 A. m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Haemorrhage Date of onset 6-18-37

Other contributory causes of importance:
Arterio Sclerosis

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?.....
 If so, specify.....
 (Signed) Wm. J. Hone M. D.
 (Address) Blackwater, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

