SEP 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 403 — File No.: 30897

Township: Brooking — Primary Registration District No.: 5557 — Registered No.:

City: ~~Raytown~~ (No. ..... St. ..... Ward)

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2. FULL NAME: Mary Elizabeth Wilson

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James M. Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): November 7, 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	83	9	0	

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.: Own Home

10. Date deceased last worked at this occupation (month and year): August 1937

11. Total time (years) spent in this occupation: 75

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ----- Kentucky

FATHER

13. NAME: Unknown Kindred

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Frank Wilson, Raytown, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

PLACE: Brooking Cem. DATE: 8/10, 1937

19. UNDERTAKER (ADDRESS): Ott and Mitchell, Independence, Mo.

20. FILED: 8/7, 1937 — D. M. Cubbank, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1937, to Aug 7, 1937

I last saw her alive on Aug. 6, 1937. Death is said to have occurred on the date stated above, at 9:03 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	8-5-37

Other contributory causes of importance:

Arteriosclerosis	1920
Senility	1930

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Name of operation: None — Date of .....

What test confirmed diagnosis? CLINICAL SIGNS — 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? None (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) Wm. W. Fist, M. D.

(Address) H. C. Neo.

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.