

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

Do not use this space.

OCT 19 1937

1. PLACE OF DEATH

County Jackson
Township Row
City Anna City Mo. (No. Wesley Hospital)

Registration District No. 399
Primary Registration District No. 1002

File No. 33324
Registered No. 3763 St. _____ Ward _____

2. FULL NAME

Mrs. Hellen Wilson
(a) Residence, No. Breckenridge Mo. Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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) unknown

7. AGE YEARS 45 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. _____ or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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) 3/27/37 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Breckenridge Missouri

13. NAME Mr. James Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Va.

15. MAIDEN NAME Ella Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Breckenridge Mo.

17. INFORMANT Mildred Wilson (ADDRESS) Breckenridge Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill Cemetery Sept 19 37

19. UNDERTAKER Frank Beck & Son (ADDRESS) Breckenridge Mo.

20. FILED 9-17-1937 M. M. Crowe, esq. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Sep 17 1937, to Sep 17 1937

I last saw her alive on Sep 17 1937 Death is said to have occurred on the date stated above, at 6:42 a.m.

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

Septicemia Date of onset 9:51 37

140

Other contributory causes of importance: Incomplete abortion

retained piece of placenta

Name of operation no (Spontaneous Abortion) Date of no

What test confirmed diagnosis? P.M. Was there an autopsy? yes

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? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury unknown

Nature of injury unkn. wound

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) J. S. Muckey, M. D.

(Address) Professional Bldg.

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.

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