

REC'D MAR 17 1938

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

Do not use this space.

6473

18

1. PLACE OF DEATH
County Clay Registration District No. 2013
Township Liberty Primary Registration District No. 280
City Liberty (No. _____) St. _____ Ward _____
2. FULL NAME Charlotte Ann Wilson
(a) Residence, No. 5. Water 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. 24 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31-1938
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. — — 24
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Liberty, Mo.
13. NAME Lewis Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co. Mo.
15. MAIDEN NAME Jeanne Lindsay
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty, Mo.
17. INFORMANT (ADDRESS) Lewis Wilson, Liberty, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty, Mo. DATE July 24 1938
19. UNDERTAKER (ADDRESS) Church - Archer Co. Liberty, Mo.
20. FILED F/23 38 E. T. Bryant Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 23 38
22. I HEREBY CERTIFY, That I attended deceased from Feb 18 1938, to Feb 23 1938
I last saw him alive on Feb 22 1938. Death is said to have occurred on the date stated above, at 7:30 A. m.
The principal cause of death and related causes of importance were as follows:
Whooping Cough
Other contributory causes of importance: —
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) W. C. Guthrie _____, M. D.
(Address) Liberty, Mo.

Date of onset
2-16-38
1938

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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