

REC'D MAR 23 1938

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

Do not use this space.

51
20

1. PLACE OF DEATH

County

Township

City

Phelps

Rolla

(No. 2)

Registration District No.

Primary Registration District No.

677

440.3

File No.

Registered No.

780.3

40

St.

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

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.

Mrs. Dora Bell Wilson 425

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Simon Wilson

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

June 7, 1874

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

63

8

20

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)

11. Total time (years) spent in this occupation

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

Marion County, Missouri

13. NAME

George W. Bell

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

Franklin Co., Missouri

15. MAIDEN NAME

Roena Prewett

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

Pulaski Co., Missouri

17. INFORMANT (ADDRESS)

Robert Miller
St. Louis

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Louis

DATE

3/2/38

19. UNDERTAKER (ADDRESS)

Mrs. Harry McCaw
Rolla, Mo.

20. FILED

March 2, 1938
Jos. F. Ayres
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/27/38, 19

22. I HEREBY CERTIFY, That I attended deceased from

Jan 1, 1937, to Feb 27, 1938
I last saw him alive on Feb 26, 1938. Death is saidto have occurred on the date stated above, at 6:15 A.M.
The principal cause of death and related causes of importance were as follows:carcinomatosis
(Primary in Cervix)

Date of onset

Other contributory causes of importance:

Hypertension
Chronic myocarditis

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? no

If so, specify

(Signed)

E. E. Fend, M. D.

(Address)

Rolla Mo

610

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.

