

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

REC'D APR 19 1938

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

Do not use this space.

1. PLACE OF DEATH

County Carter  
Township Carter  
City Van Buren

Registration District No. 143  
Primary Registration District No. 5205

File No. 10393  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME Perlina Belle Wilson 425

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred Life 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 <u>fm</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alfred Howell Wilson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-4-1877</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>5</u>	DAYS <u>21</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>
	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) Carter Co., Missouri

13. NAME John Windes

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

15. MAIDEN NAME Perlina Tipton

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

17. INFORMANT Mr. A.H. Wilson

(ADDRESS) Van Buren, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Masonic cemetery DATE 3-27-38

19. UNDERTAKER Croy Funeral Service

(ADDRESS) Van Buren, Missouri

20. FILED 3/29/1938 T.W. Cotton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-25- 19 38

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1938, to March 28, 1938  
I last saw her alive on March 25, 1938. Death is said to have occurred on the date stated above, at 7:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Arthritis Deformans Date of onset 1931  
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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? no  
If so, specify \_\_\_\_\_  
(Signed) M. Wallace, M. D.

(Address) Van Buren  
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