

REC'D APR 15 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH10984
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Blue Registration District No. 398
 (b) Township Blue Primary Registration District No. 5554
 (c) City..... (d) Street No. 622 Overton St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 44 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 862. PRINT FULL NAME Mrs Agnes Carnie Wilson 425

(a) Residence, No. 622 Overton St.
 (Usual place of abode, if no street address, write county or city) (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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF William S. Wilson
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 29, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 6 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as 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) Durris 4
 (STATE OR COUNTRY) Scotland

FATHER 13. NAME Alexander Carnie 4

14. BIRTHPLACE (CITY OR TOWN) 4
 (STATE OR COUNTRY) Scotland

MOTHER 15. MAIDEN NAME Allison Ferrier

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

17. INFORMANT Miss Edith Wilson
 (ADDRESS) 622 Overton Street

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt. Washington DATE Mar. 23, 1938

19. FUNERAL DIRECTOR Freeman Mortuary & Chapel
 (ADDRESS) Kansas City Missouri

20. FILED 3-23-38 J. L. Cook 360
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 27th 1938 to March 21st 1938
 I last saw her alive on March 21st 1938. Death is said to have occurred on the date stated above, at 2:48 A.M.

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

Angina Pectoris
General Arterio Sclerosis
 Date of onset

Other contributory causes of importance:

General Arterio Sclerosis
 Name of operation..... Date of.....
 What test confirmed diagnosis Pathology. Was there an autopsy? No.

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) D. Ruth Anderson
 (Address) Independence, Mo.

