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 20 1938

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

Do not use this space.

11157

1. PLACE OF DEATH
County Jefferson Registration District No. 424 File No. 113
Township Big River Primary Registration District No. 5579 Registered No.
City ~~Grubville~~ R1 (No. , St. Ward)

2. FULL NAME Jennie Wilson 425
(a) Residence, No. Route 1 Grubville St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 47 yrs. mos. 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): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20-1859

7. AGE: YEARS 78 MONTHS 3 DAYS 2 If LESS than 1 day, hrs. or min.

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) Victoria Mo.

FATHER
13. NAME D. F. McKee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Victoria Mo.

MOTHER
15. MAIDEN NAME Elizabeth Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co. Mo.

17. INFORMANT (ADDRESS) E. J. Pinson Victoria Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Victoria DATE March 24, 1938

19. UNDERTAKER (ADDRESS) Mothershead De Soto Mo.

20. FILED Apr 4 1938 A. H. Eaton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from April-1, 1938, to March 28, 1938
I last saw her alive on March 19, 1936 Death is said to have occurred on the date stated above, at 7:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Dilatation of heart - not known	
Arterio-Sclerosis - not known	
47	
Other contributory causes of importance: Gangrene foot - about 2 days	March 13 1938

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) Walter E. Gibson, M. D.
(Address) De Soto, Mo.