

REC'D APR 23 1930

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

Do not use this space.

12301

**1. PLACE OF DEATH**County StoddardRegistration District No. 834Township PikePrimary Registration District No. 6097

City (No. , St. Ward)

File No. \_\_\_\_\_

Registered No. 8**2. FULL NAME**Rosa Wilson(a) Residence, No. Bell City, Mo. R. #1 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. 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)Married**5A. IF MARRIED, WIDOWED, OR DIVORCED**HUSBAND OF  
(OR) WIFE OFEzra Wilson**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** March 2, 1881**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.561124**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)**Illinois**FATHER****13. NAME**William Griffin**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**Illinois**MOTHER****15. MAIDEN NAME**Mary Ann Tapp**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**Illinois**17. INFORMANT (ADDRESS)**Ezra Wilson  
Bell City, Mo. R. F. D. #**18. BURIAL, CREMATION, OR REMOVAL PLACE**Chaffee Cemetery, DATE Feb. 28, 1938**19. UNDERTAKER (ADDRESS)**Chiles Undertaking Co.  
Bloomfield, Missouri**20. FILED**4/9 1938 D. S. McAlle  
Registrar.**MEDICAL CERTIFICATE OF DEATH****21. DATE OF DEATH (MONTH, DAY, AND YEAR)** February 26, 1938**22. I HEREBY CERTIFY, That I attended deceased from**  
2-25 1938 to 2-25 1938I last saw her alive on Feb. 25, 1938 Death is saidto have occurred on the date stated above, at 6 P. m.

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

Pulmonary Tuberculosis Date of onsetTuberculosis testis N.K.Other contributory causes of importance: 2 1/2 hr

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? No**23. If death was due to external causes (violence), fill in also the following:**Accident, suicide, or homicide? No 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) Edward Ford, M. D.  
(Address) Bloomfield, Mo.

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.

