REC'D MAY 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County Franklin — Registration District No. 296 — File No. 14566

Township Union — Primary Registration District No. 5413 — Registered No.

City Union (No. ..... St. ..... Ward)

2. FULL NAME Eliza Jane Wilcox

(a) Residence, No. ..... Union, Mo. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Feamle
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 OF: J. W. Wlicox

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 28, 1858

7. AGE: YEARS 79 — MONTHS 8 — DAYS 19 — 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): Westfield, Ill.

FATHER

13. NAME: Thomas Berkley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Catherine Beary
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): J. W. Wilcox, Union, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union, Mo. DATE 4/19/38, 19

19. UNDERTAKER (ADDRESS): Uninn Funeral Home, Union, Mo.

20. FILED April 19, 1938 Louis F. Howe M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 17 1938

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1938, to April 17, 1938
I last saw her alive on April 17, 1938 Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocardial disease	—
Pulmonary edema	4-17-38

Other contributory causes of importance:

Arteriosclerosis	—

Name of operation none 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? — 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 none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Louis F. Howe, M. D.
(Address) Union Mo.

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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.