

REC'D MAY 20 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County Lincoln  
Township Herrick  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 486  
Primary Registration District No. 5248

File No. 15139  
Registered No. 10

## 2. FULL NAME

Etta Hale Wilson 425

(a) Residence, No. \_\_\_\_\_ 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) Single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20-1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
74 10 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 1

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 0

12. BIRTHPLACE (CITY OR TOWN) Lincoln County Mo.  
(STATE OR COUNTRY) near Chate

13. NAME David Wilson

14. BIRTHPLACE (CITY OR TOWN) Lincoln County Mo.  
(STATE OR COUNTRY)

15. MAIDEN NAME Sarah Ann Finley

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

17. INFORMANT Miss Mary Wilson  
(ADDRESS) Liberty, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wilson Finley family cemetery  
DATE April 5, 1938

19. UNDERTAKER Clifton Miller  
(ADDRESS) Liberty, Mo.

20. FILED 5-10, 1938 C. E. Powell  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3, 1938

I HEREBY CERTIFY, That I attended deceased from Jan 26, 1936 to April 3, 1938

I last saw her alive on April 3, 1938. Death is said

to have occurred on the date stated above, at 1 A m.

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

myocarditis  
Arteriosclerosis

Date of onset

Other contributory causes of importance: 93701

Seizure

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

What test confirmed diagnosis? None 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) R. M. Powell, M. D.

(Address) Liberty Mo.

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.



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

15-139  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Lincoln Registration District No. 486  
 (b) Township Hurricane Primary Registration District No. 3649 Registered No. ....  
 (c) City ..... (d) Street No. .... 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Etta Hale Wilson  
 (a) Residence, No. .... St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) .....  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 10 13  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housekeeper  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) apr 3, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...  
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.  
 The principal cause of death and related causes of importance were as follows:

Date of onset  
 Other contributory causes of importance:  
 Name of operation ..... Date of.....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....  
 FATHER 13. NAME .....  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....  
 MOTHER 15. MAIDEN NAME .....  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....  
 17. INFORMANT (ADDRESS) .....  
 18. BURIAL, CREMATION, OR REMOVAL PLACE ..... DATE ..... 19.....  
 19. FUNERAL DIRECTOR (ADDRESS) .....  
 20. FILED 5-10, 1938 C. E. Powell Local Registrar.

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? .....  
 If so, specify Ron Jones, M. D.  
 (Signed) W. H. Jones  
 (Address) .....

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
 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.

SUPPLEMENTARY

