REC'D MAY 17 1938

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

15185
Do not use this space.

59

1. PLACE OF DEATH
(a) County Livingston Registration District No. 508
(b) Township Chillicothe Primary Registration District No. 5674 Registered No. 218
(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 Mary Rosetta Wilson 425
(a) Residence, No. Chillicothe Mo. 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): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND~~ OF (OR) WIFE OF: Wm Wilson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 5 1860
7. AGE: Years 77 Months 8 Days 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmers.
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 .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Grundy Co. Missouri

FATHER
13. NAME: Noah Calclasher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

MOTHER
15. MAIDEN NAME: Sarah Calclasher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): J. D. Wilson Wheeling Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Wheeling Mo DATE: Apr 15 1938
19. FUNERAL DIRECTOR (ADDRESS): Smiley Funeral Home Wheeling Mo
20. FILED: 4/14 1938 Donald M. Dowell, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr-13-1938
22. I HEREBY CERTIFY, That I attended deceased from ~~Sept~~ Mch 31, 1938, to 4-13-1938
I last saw her alive on 4-13-1938. Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
93C	

Other contributory causes of importance:

Name of operation: None Date of .....
What test confirmed diagnosis? Physical 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) Reuben Barney M.D.
(Address) Chillicothe Mo

456

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Frank L. Smiley, Licensed Embalmer No. 470

hereby certify that the body recorded on the reverse side of this certificate was embalmed by ME

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Frank L. Smiley

Licensed Embalmer No. 470

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)