

REC'D JUN 8 1938

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

19040

Do not use this space.

1. PLACE OF DEATH
 (a) County NEWTON Registration District No. 609
 (b) Township NEOSHO Primary Registration District No. 5808 Registered No. 64
 (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 GEORGIA PEARCE WILCOX 1938
 (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 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 OF RICHARD B WILCOX		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 2, 1866		
7. AGE YEARS 71	MONTHS 9	DAYS 26
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. HOUSEWIFE	
	10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MT PLEASANT IOWA	
	13. NAME JAMES PEARCE	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO	
	15. MAIDEN NAME JANE THOMPSON	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO		
17. INFORMANT (ADDRESS) R. B. Wilcox NEOSHO, MISSOURI		
18. BURIAL, CREMATION, OR REMOVAL PLACE BURKHART CEM. DATE 6/1/38 , 19..		
19. FUNERAL DIRECTOR (ADDRESS) THE BIGHAM MORTUARY NEOSHO, MO		
20. FILED 5-28-38 , 19.. Onalaska Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 193822. I HEREBY CERTIFY, That I attended deceased from January, 1938 to May 28, 1938I last saw h..... alive on May 28, 1938 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:

Angina Pectoris

Date of onset

Other contributory causes of importance:

Malignant thyroid with invasion to the regional lymph nodes.Arteriosclerosis. Chronic interstitial nephritisName 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.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) Malvin C. Bunnary, M. D.(Address) Neosho, Missouri

STATEMENT BY LICENSED EMBALMER

I, Joe Brigham, Licensed Embalmer No. 2689
Kurt Collier

hereby certify that the body recorded on the reverse side of this certificate was embalmed by
L. E. No. 3632 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Joe Brigham
Licensed Embalmer No. 2689

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