

REC'D JUN 23 1938

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

Do not use this space.

1. PLACE OF DEATH

County St. CharlesRegistration District No. 757

Township

Primary Registration District No. 3036City St. Charles Mo.St. St. Joe HospitalFile No. 19348Registered No. 69

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Troy Mo. 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)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

James M. Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov 28, 1856

7. AGE

YEARS

81

MONTHS

5

DAYS

4

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Housework

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)

Lincoln County Missouri

MOTHER

13. NAME

Mace Hubbard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Lincoln County Mississippi

15. MAIDEN NAME

Margaret Abbott

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

Missouri

17. INFORMANT (ADDRESS)

Mollie Hubbard Troy Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Troy Cem. DATE May 4, 1938

19. UNDERTAKER (ADDRESS)

Wayne M. & Co. Troy Mo.

20. FILED

5/7 1938 Clarence S. Mueller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 193822. I HEREBY CERTIFY, That I attended deceased from 4/16, 1938 to 5/2, 1938I last saw her alive on 4/11, 1938. Death is saidto have occurred on the date stated above, at 1230A.

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

Hypostatic Pneumonia

Date of onset

4/28/38

Other contributory causes of importance:

Fracture of R. hip

Date of onset

4/6/38Name of operation Trapping fracture Date of 4/12/38What 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 4/6, 1938Where did injury occur? Troy Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

homeManner of injury fallNature of injury fracture of R. hip24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) B. L. Heubecker, M. D.179 (Address) St. Charles Mo.

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

