REC'D JUL 20 1938

Dr. Feiler

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

21885
Do not use this space.

1. PLACE OF DEATH

(a) County Greene — Registration District No. 318

(b) Township — Primary Registration District No. 2001 — Registered No. 510

(c) City Springfield, Mo (d) Street No. Ba pst. Hosp. 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 Mrs. Edna Wilcox

(a) Residence, No. 1641 W. Phelps 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ned Wilcox

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 29 1913

7. AGE: Years 25 — Months 2 — Days 1 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as 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): Springfield Missouri 0

FATHER
13. NAME: M.C. Kiser 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia 0

MOTHER
15. MAIDEN NAME: Laura Wingo
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dallas County Missouri

17. INFORMANT (ADDRESS): M.C. Kiser Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE July 2 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): H.H. Lohmeyer Springfield, Mo.

20. FILED July 1 1938 Chas A George Mo Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 30 1938

22. I HEREBY CERTIFY, That I attended deceased from ....19...., to ....19....
I last saw h... dead alive on June 30, 1938 Death is said to have occurred on the date stated above, at 8 p. m.
The principal cause of death and related causes of importance were as follows:

Suicide by taking 1/2 oz Oil of Tansy

Date of onset

163-

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide: Suicide Date of injury June 30 1938
Where did injury occur: In home 1641 W Phelps (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury: Taking 1/2 oz Oil of Tansy
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? 11
If so, specify
(Signed) J. P. Ferguson Coroner, M. D.
(Address) Springfield Mo.

(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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed. Watt E Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield Ma.

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

If this body is not embalmed, above space should be left blank.