

AUG 8 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 1938

24198

Do not use this space.

Registered No. 2703

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 1002
(b) Township KAW Primary Registration District No. _____
(c) City KANSAS CITY (d) Street No. 2304 TRACY 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

MARTHA LOVE WILSON 425
(a) Residence, No. 5304 TRACY St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOW</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>WM L. WILSON</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>OCT. 29, 1849</u>		
7. AGE <u>88</u>	YEARS <u>8</u>	MONTHS <u>5</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation <u>0</u>
9. Industry or business in which work was done, as saw mill, bank, etc. <u>at home</u>		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>LEBANON MO.</u>		
13. NAME <u>unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT <u>Miss Beulah Wilson</u> (ADDRESS) <u>5304 TRACY</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>MT. WASHINGTON</u> DATE <u>July 6, 1938</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>D.W. NEWCOMERS</u> <u>BRUSH CREEK + PASEO</u>		
20. FILED <u>7-5</u> 19 <u>38</u> <u>M.M. Crow</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7. 2 1938, to 7. 4 1938. I last saw him alive on 7. 4 1938. Death is said to have occurred on the date stated above, at 11:09 A.M.
The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia
Date of onset 107a

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? P. Smear 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? _____
If so, specify _____ (Signed) J. R. Hall M. D.
(Address) 636 S. at top Bldg

~~6-37~~
Lathrop 11 2187
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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..... *Nell Carr*

Licensed Embalmer No. *3976*

P. O. Address.....

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.)

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