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.

REC'D AUG 24 1938

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

Do not use this space.

25422

File No.
Registered No. 8

1. PLACE OF DEATH
County Harrison
Township
City Cainsville (No. , St. Ward)

Registration District No. 336
Primary Registration District No. 4199

2. FULL NAME Rhoda B. Wilson Cainsville, Mo. 425
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 86 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 G. R. Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October, 20, 1851

7. AGE: Years 86 | Months 8 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mercer, County Missouri

FATHER
13. NAME Rev. John Woodward
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Julia Kennedy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Roma Ristine
(ADDRESS) Cainsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oaklawn Cemetery DATE July, 19, 1938

19. UNDERTAKER Eddie E. Stoklasa
(ADDRESS) Cainsville, Mo.

20. FILED 7-18 1938 E. E. Odell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 17, 1938.

22. I HEREBY CERTIFY, That I attended deceased from July 13 1938, to July 17 1938
I last saw her alive on July 17 1938 Death is said to have occurred on the date stated above, at 3:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Disease	
Mitral Insufficiency	

Other contributory causes of importance:

92 N

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) H. Nally, M. D.
(Address) Cainsville Mo