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 SEP 27 1938

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

Do not use this space.
29699
251
250

1. PLACE OF DEATH
County Pettis
Township
City Sedalia (No. , St. Ward)

Registration District No. 668
Primary Registration District No. 3032

File No.
Registered No. 668

2. FULL NAME Mary Wilson
(a) Residence, No. 305 E Cooper 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 F
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF X
(OR) WIFE OF X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20 1938

7. AGE Years Months Days Stillborn If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) Sedalia
(STATE OR COUNTRY) Pettis Co Mo

FATHER
13. NAME Irvin Wilson
14. BIRTHPLACE (CITY OR TOWN) don't know
(STATE OR COUNTRY) don't know

MOTHER
15. MAIDEN NAME Virginia Whitley
16. BIRTHPLACE (CITY OR TOWN) Sedalia
(STATE OR COUNTRY) Mo

17. INFORMANT Will Whitley
(ADDRESS) Sedalia

18. BURIAL, CREMATION, OR REMOVAL
PLACE Georgetown Mo DATE Aug 22 1938

19. UNDERTAKER F. D. Ferguson
(ADDRESS) Sedalia

20. FILED Aug 22 1938 Jean Slack
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/20 1938

22. I HEREBY CERTIFY, That I attended deceased from 8/20 1938, to 8/20 1938
I last saw h alive on , 19 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:

Stillborn

Date of onset

Other contributory causes of importance:

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) W W Spaun, M. D.
(Address) Sedalia Mo

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 9/9/36