

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

Do not use this space.

DEAD FEB 21 1939

1. PLACE OF DEATH

County Wagner

Registration District No. 218

Township Boonville

Primary Registration District No. 3015

City Boonville

No. 1 St. Joseph Hospital

File No. 2087

Registered No. 10 St. _____ Ward)

2. FULL NAME Georgie Ella Wilson

(a) Residence, No. _____ St. _____ Ward. Sedalia Mo.
(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 Cal 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8 1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
18 8 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
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) Sedalia Mo

MOTHER 13. NAME Carnest Holford

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Hopkirkville Ky

15. MAIDEN NAME Mary Brown

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Sedalia Mo

17. INFORMANT Mary Holford (ADDRESS) Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia Mo DATE Jan 28 1939

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

20. FILED Jan. 25 1939 W. Cooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1939, to Jan 24 1939. I last saw her alive on Jan 24 1939. Death is said to have occurred on the date stated above, at 7 p.m.

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

Dist following operation
Removal of a
condyloma accumbens
from vulva

Other contributory causes of importance:

removal of uterus
Name of operation Jan 24 1939 Date of Jan 24 1939
What test confirmed diagnosis? Smears 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? No
If so, specify _____ (Signed) C. H. Ferguson M. D.

(Address) Boonville Mo

Every item of information should be carefully supplied. AGES 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.

502-

RECEIVED

District Health Officer No. 8,

District File Number

7/6/39

Date Filed

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

2087

Do not use this space.

1. PLACE OF DEATH

(a) County Cooper Registration District No. 218
 (b) Township _____ Primary Registration District No. 3015 Registered No. 10
 (c) City Boonville (d) Street No. _____ 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 Georgia Ella Wilson

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24 1919

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... Death is said

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

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:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
18 8 16

Died following operation resulting of a Cerebral aneurysm accumulate from valve

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

Date of onset 9/1
 Other contributory causes of importance: Death of phellic non malignant

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

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19...

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____ 19...

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) C. H. McRavenway, M. D.
 (Address) Boonville Mo

Local Registrar.

SUPPLEMENT

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
 REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-2097