

REC'D FEB 24 1939

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

6700.

2990

Do not use this space.

## 1. PLACE OF DEATH

(a) County MACON Registration District No. 533  
(b) Township HUDSON Primary Registration District No. 3027 Registered No. 6  
(c) City MACON (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred 425 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ADA ELLA WILSON

(a) Residence, No. 605 N. RUTHERFORD ST. 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17 1858

7. AGE YEARS 80 MONTHS 3 DAYS 12 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home  
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) Macon, Mo (STATE OR COUNTRY) 013. NAME Daniel E. Wilson14. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY) 115. MAIDEN NAME Ada M. Beyans16. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY) 117. INFORMANT Edwin Wilson (ADDRESS) Macon, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Dorwood Cem. Macon DATE 1/31/3919. FUNERAL DIRECTOR Albert Skinner (ADDRESS) Macon, Mo.20. FILED 2/1/39 Edwin Wilson (Address) 476 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 29 193922. I HEREBY CERTIFY That I attended deceased from Jan 1938 to Jan 29 1939I last saw her alive on Jan 28 1939 Death is saidto have occurred on the date stated above, at 5 A.m.

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

Cardio-vascular Date of onset 59 months ago  
Renal disease

Other contributory causes of importance: 131Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? no23. 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. G. Brown(Address) Macon, Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-39-115

Date Filed FEB 8 1939

STATEMENT BY LICENSED EMBALMER

I, Albert Skinner, Licensed Embalmer No. 751

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Albert Skinner

Licensed Embalmer No. 751

**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.)**