

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

RECORDED APR 20 1939

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

Do not use this space.

11528

1. PLACE OF DEATH

County Marion
Township Marion
City Hannibal

Registration District No. 547
Primary Registration District No. 3029
(No. St. Elizabeth Hospital)

File No. _____
Registered No. 89
St. _____ Ward _____

2. FULL NAME 425 Julia Maurine Wilson

(a) Residence, No. Palmyra, Mo. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10, 1901

7. AGE YEARS 37 MONTHS 3 DAYS 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion County, Mo.

13. NAME Herbert Phillips O

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

15. MAIDEN NAME Mary Marksbury O

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

17. INFORMANT Sabe Wilson
(ADDRESS) Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cem. DATE 3/8/39 19 _____

19. UNDERTAKER J. W. Bond
(ADDRESS) Palmyra, Mo.

20. FILED March 8, 1939 A. C. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1939 to Mar 6, 1939

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:15 m. p.

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

Bronchial pneumonia Date of onset _____

Other contributory causes of importance: _____

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

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 Yes (Signed) J. H. Hill, M. D.

(Address) Palmyra Mo

STATE OF CALIFORNIA
COUNTY OF LOS ANGELES
OFFICE OF THE COUNTY CLERK

FILE NO. 100-10000

IN RE: [Illegible Name]
[Illegible text follows, appearing to be a legal document or court order. The text is extremely faint and largely illegible due to the quality of the scan. It appears to contain names, dates, and possibly a signature block.]

STATE OF CALIFORNIA
COUNTY OF LOS ANGELES
OFFICE OF THE COUNTY CLERK