

AUG 26 1939

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

Do not use this space.

26474

1. PLACE OF DEATH

County PemiscotRegistration District No. 1102Township PascataPrimary Registration District No. 5870City Bragg City

(No.)

File No.

Registered No.

St. Ward)

2. FULL NAME Della Wilson

(a) Residence, No. 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. 3 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) infant5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF infant6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6th, 19397. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6⁵ 428. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant

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) Guideon Mo.13. NAME Clifton Wilson14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Old Troy Tenn15. MAIDEN NAME Dorothy Coggins16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Iowa17. INFORMANT Clifton Wilson
(ADDRESS) Bragg City Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Wardell Mo. DATE 8/8/3919. UNDERTAKER Ray Und. Co.
(ADDRESS) Hayti Mo.20. FILED Aug 8 1939 Mrs T. R. Cole (Address) 591 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 8, 193922. I HEREBY CERTIFY, That I attended deceased from July 25, 1939, to Aug. 8, 1939I last saw him alive on Aug 7, 1939. Death is said to have occurred on the date stated above, at 5 a.m.The principal cause of death and related causes of importance were as follows:
colitisDate of onset
6/1/39Other contributory causes of importance:
Left Aortic media
neurastheniaName of operation Date of
1192What test confirmed diagnosis? STP 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? no

If so, specify

(Signed) W. J. Hines, M. D.(Address) Hayti, Mo

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.

