

OCT 13 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32136

Do not use this space.

1. PLACE OF DEATH

(a) County Cedar Registration District No. 164
 (b) Township Benton Primary Registration District No. 5229
 (c) City Jerico Springs, Mo. (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 Nancy Elizabeth 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14 1853

7. AGE YEARS 86 MONTHS 10 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

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. Housewife
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME Martin Holder

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

15. MAIDEN NAME Jane Kirby

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

17. INFORMANT (ADDRESS) This J. Hartley
Stockton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jerico Springs DATE Sept. 28 1939

19. FUNERAL DIRECTOR (NAME) W. C. DAVIS & CO. (ADDRESS) STOCKTON, MO.

20. FILED 9-27 1939 Mr. May Hubner Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-27-39 19

22. I HEREBY CERTIFY, That I attended deceased from 9/17/39 19, to 9/26/39 19

I last saw er alive on 9/26/39 19. Death is said

to have occurred on the date stated above, at 2:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia following fracture of the neck of the left femur on September 17, 1939.

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? Jerico Springs, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
In the home

Manner of injury Fall

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify _____

(Signed) J. P. Hubner (Address) Jerico Springs, Mo.

RECEIVED

District Health Officer No. 7,

District File Number 7-39-14

Date Filed 10-9-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Melvin Church

Licensed Embalmer No. 3313

P. O. Address Stockton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Cedar Registration District No. 164
(b) Township Benton Primary Registration District No. 3229
(c) City _____ (d) Street No. _____
(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

Nancy Elizabeth 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

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 14, 1853

7. AGE YEARS 85 MONTHS 10 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as lawyer, 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

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

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

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9. 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

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:

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) J. H. Bennett M: DO

(Address) Loxice Spring Mo

S-32136