

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

33002
Do not use this space.

1. PLACE OF DEATH

(a) County Mississippi Registration District No. 566

(b) Township Tyweppity Primary Registration District No. 3030

(c) City Charleston (d) Street No. _____ St.

(e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Alice Wilson

(a) Residence, No. 206 E. Cypress, Charleston, Mo (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 Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28, 1849

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	90	4	23	

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. Retired 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) Clifton Springs, New York
(STATE OR COUNTRY)

FATHER

13. NAME Charles Peck,
New York

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

MOTHER

15. MAIDEN NAME Ursula Sage,
New York

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

17. INFORMANT Alice Paris,
(ADDRESS) Charleston, Mo

18. BURIAL, CREMATION, OR REMOVAL Charleston Mo
PLACE I.O.O.F. DATE 9/22 39

19. FUNERAL DIRECTOR (NAME) Gair-Nunnelee
(ADDRESS) Charleston, Mo

20. FILED 9-26-39 J. J. Vernon
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 1936, 1936, to Sept 21, 1939

I last saw h. ER alive on Sept 21, 1939. Death is said to have occurred on the date stated above, at 3:00 am.

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

Starvation and Alkydation gradual
A-vitaminosis

Date of onset _____

Other contributory causes of importance: 116 W

Minerticulum of Pericardium

Name of operation none Date of _____

What test confirmed diagnosis? Cl. Sympt 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) E. Chas. Adams, M. D.
(Address) Charleston, Mo.

MARGIN RESERVED FOR BINDING

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

V. S. NO. 2.
50M-9-19-38
I X16605

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.

RECEIVED

District Health Officer No. 2,

District File Number 1039-219

Date Filed 10-3

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 John P. Nunnlee Jr
Licensed Embalmer No. 3851

P. O. Address Charleston Mo.

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.)

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