

MAY 14 1936

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

Do not use this space.

17197-1

1. PLACE OF DEATH

County Moniteau
Township Linn
City _____ (No. _____) St. _____ Ward _____

Registration District No. 574
Primary Registration District No. 5772A

File No. 1985
Registered No. 11

2. FULL NAME

Amanda Josephine Hudson Willson
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Alonso J. Willson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 10, 1869</u>		
7. AGE <u>66</u>	YEARS <u>1</u>	MONTHS <u>22</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>_____</u>
	10. Date deceased last worked at this occupation (month and year) <u>20 days</u>
	11. Total time (years) spent in this occupation <u>47 1/2</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jameson Mo

13. NAME William Hudson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Simpson Co

15. MAIDEN NAME Eliza Hudson 1899

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co

17. INFORMANT (ADDRESS) Mrs. J. M. Day

18. BURIAL, CREMATION, OR REMOVAL PLACE California DATE 5/14

19. UNDERTAKER (ADDRESS) W. Willson & Sons

20. FILED May 7 1936 Ellis E. Raik

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1923, to May 2, 1935

I last saw her alive on May 1, 1935 Death is said to have occurred on the date stated above, at 5:30 a.m.

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

embolism

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Other contributory causes of importance:

Pulmonary tuberculosis

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) Ellis E. Raik, M. D.

(Address) Jameson, Mo.

Registrar

