DEC 22 1930

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

Do not use this space.

35665

1. PLACE OF DEATH

County Cole — Registration District No. 212 — File No.

Township Clark — Primary Registration District No. 5292 — Registered No. 19

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Wanda Evelyn Wilson

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 10 — 1930

7. AGE — YEARS: — MONTHS: — DAYS: 4 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Henley
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John E Wilson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Henley Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Carrie Richardson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Henley Mo
(STATE OR COUNTRY)

14. INFORMANT John E. Wilson
(Address) Henley Mo

15. FILED Dec 9, 1930 Dr Thee Glover
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 13 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1930 to Nov. 13, 1930 that I last saw her alive on Nov. 10, 1930 and that death occurred, on the date stated above, at 11 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ictera Neonatorum
Infection of Scalp.
153B
161B (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) 160 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

9. DID AN OPERATION PRECEDE DEATH? — DATE OF —

WAS THERE AN AUTOPSY? — No

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) S E Easton, M. D.

11/14, 1930 (Address) Meta Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Jenkins Cemetery — DATE OF BURIAL: 11/14 1930

20. UNDERTAKER: Schell Mun. Co — ADDRESS: Eugene Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 10 1955