

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

Do not use this space.

1257

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township Mean Primary Registration District No. \_\_\_\_\_  
City Kansas City (No. 7-C General Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 68  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Matilda Wilson  
(a) Residence No. 320 Watkins St. 9 Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 67 yrs. 9 mos. 9 da. How long in U.S., if of foreign birth? yrs. mos. da.

**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>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widow</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct. 18 - 1867</u>				
7. AGE	YEARS <u>67</u>	MONTHS <u>2</u>	DAYS <u>17</u>	If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House work</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>at home</u> (c) Name of employer _____				
9. BIRTHPLACE (CITY OR TOWN) <u>Parkville</u> (STATE OR COUNTRY) <u>Mo.</u>				
PARENTS	10. NAME OF FATHER <u>J. Welch</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>unknown</u> (STATE OR COUNTRY) <u>Mo.</u>			
	12. MAIDEN NAME OF MOTHER <u>Matilda Crason</u>			
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>unknown</u> (STATE OR COUNTRY) <u>Mo.</u>				
14. INFORMANT <u>Deputy Clerk</u> (Address) <u>K.C. General Hosp</u>				
15. FILED <u>Jan 31 1931</u> <u>M. M. Crowe</u> REGISTRAR				

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 5 1931

17. I HEREBY CERTIFY, That I attended deceased from 12:21, 1931, that I last saw her alive on 1-5-31, 1931, and that death occurred, on the date stated above, at 7:15 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Hemorrhage

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS  
1-6 (Signed) P. E. Williams, M. D.

\*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 <u>Elmwood Cems.</u>	DATE OF BURIAL <u>Jan. 8 1931</u>
20. UNDERTAKER <u>B. D. Carson &amp; Sons</u>	ADDRESS <u>Independ. Mo.</u>

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

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.

