

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

Do not use this space.

25301

1. PLACE OF DEATH

County Jackson Registration District No. 3 File No. _____
Township Kennett Primary Registration District No. B 0 0 1 Registered No. 33852
City Kennett (No. General Hospital) Ward _____

2. FULL NAME Daisy J. Wilson

(a) Residence, No. 805 Euclid Ave. Street _____ Ward _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. 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>Leol</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>None</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 5, 1929</u>		
7. AGE	YEARS <u>2</u>	MONTHS <u>11</u>
	DAYS <u>26</u>	If LESS than day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>	
	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) <u>Kennett Mo</u>		
FATHER	13. NAME <u>Leroy Lindsey</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton Mo</u>	
MOTHER	15. MAIDEN NAME <u>Mabel Wilson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton Mo</u>	
17. INFORMANT <u>Daisy Carter</u> (ADDRESS) <u>805 Euclid</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>High Ridge</u> , DATE <u>Aug 5, 1931</u>		
19. UNDERTAKER <u>Watkins Bros</u> (ADDRESS) <u>1212 1/2 St</u>		
20. FILED <u>8/3</u> , 19 <u>31</u> M. M. <u>Carroll</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-31-31

22. I HEREBY CERTIFY, That I attended deceased from _____, 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

Accidental - Fractured Skull
1931

Other contributory causes of importance:
Fall from building

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? IC case
(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) D. Carroll, M. D.
(Address) Kennett

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.

