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.

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

Do not use this space.

27411

1. PLACE OF DEATH
County Andrew — Registration District No. 15 — File No.
Township Platte — Primary Registration District No. 5019 — Registered No. 16
City ~~Rea~~ (No. , St. Ward)

2. FULL NAME Martha Wilson

(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 12-1855

7. AGE YEARS 76 MONTHS 6 DAYS 6 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Andrew Co Mo

FATHER
13. NAME John Phillips
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) un Known

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) un Known

17. INFORMANT (ADDRESS) Hugh Wilson St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Whitesville DATE August 20, 1931

19. UNDERTAKER (ADDRESS) E. C. Breit Savannah Mo

20. FILED Aug 20, 1931 E C Jefferies Registrar.

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from August 16, 1931, to August 18, 1931
I last saw her alive on August 18, 1931. Death is said to have occurred on the date stated above, at 1030 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrage — Date of onset

82a

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? official 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) Dr. V. R. Wilson, M. D.
(Address) Rosendale Mo