

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

Do not use this space.

1. PLACE OF DEATH

County DEKALB
Township POLK
City UNION STAR (No. _____)

Registration District No. 4-6-1
Primary Registration District No. 262

File No. 16146
Registered No. _____
St. _____ Ward _____

2. FULL NAME

EMMA CLAY WILSON

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. 5 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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 5, 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 3 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) PARKVILLE MO.

13. NAME SPENCER U. HEAD
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN TENN.
15. MAIDEN NAME MELSENNA ATTEBURY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

17. INFORMANT H. R. WILSON
(ADDRESS) UNION STAR, MO.
18. BURIAL, CREMATION, OR REMOVAL PLACE UNION STAR DATE 5/10/1933

19. UNDERTAKER E. C. BRIET
(ADDRESS) SAVANNAH, MO.
20. FILED 5/9 1933 E. M. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 8, 1933, 1933
22. I HEREBY CERTIFY, That I attended deceased from 1933 to May 8, 1933
I last saw her alive on May 8, 1933. Death is said to have occurred on the date stated above, at 5:15 P.M.
The principal cause of death and related causes of importance were as follows:
Senile Dementia
Date of onset 1931

Other contributory causes of importance: _____
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) E. M. Reynolds, M. D.
(Address) UNION STAR, MO.

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.

JUN 22 1933

532

262

1111

162

100-100000

100-100000

100-100000