

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

Do not use this space.

23927
60

1. PLACE OF DEATH
 County Newton Registration District No. 609
 Township Neosho Primary Registration District No. 4363
 City Neosho (No. 620 N. High) St. _____ Ward _____

2. FULL NAME N. Theresa Wilson
 (a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

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>James A. Wilson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 24 1855</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>8</u>
		DAYS <u>10</u>
	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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 <u>17</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>		
FATHER	13. NAME <u>J. Shepherd</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>	
MOTHER	15. MAIDEN NAME <u>Mary Brandlee</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>	
17. INFORMANT (ADDRESS) <u>Mrs. B. Pearson</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dagon Cem.</u> DATE <u>July 6 1933</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. Hanson</u>		
20. FILED <u>7/10 1933</u> <u>C. E. Manser</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1933, to July 4, 1933
 I last saw her alive on July 4, 1933 Death is said to have occurred on the date stated above, at 5:20 p.m.
 The principal cause of death and related causes of importance were as follows:
Epithelioma involving left eye 1 fine years duration (origins inner canthus)
Enteritis + a distention of several days

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? none 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? No
 If so, specify _____
 (Signed) R. E. Hanson, M. D.
 (Address) Neosho 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.

AUG 2 8 1933

2
2
2

