

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

Do not use this space.

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7907

1. PLACE OF DEATH

County Bucaran
Township
City St. Joseph (No. State Hospital)

Registration District No. 1001
Primary Registration District No.

File No. 7907
Registered No. 313
St. _____ Ward _____

2. FULL NAME Cara M. Wilbur

(a) Residence, No. Union St. Mo. 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. 2 mos. 22 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

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>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 12, 1870</u>				
7. AGE	YEARS <u>64</u>	MONTHS <u>1</u>	DAYS <u>4</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>Housework</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

12. BIRTHPLACE (CITY OR TOWN) Andrew County Missouri
(STATE OR COUNTRY)

13. NAME Wilbur

14. BIRTHPLACE (CITY OR TOWN) New York State
(STATE OR COUNTRY)

15. MAIDEN NAME Valeria Wells

16. BIRTHPLACE (CITY OR TOWN) Robert Missouri
(STATE OR COUNTRY)

17. INFORMANT St. Joseph Mo
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL St. Joseph Mo
PLACE St. Joseph Mo DATE 2/18 1934

19. UNDERTAKER John K. Bonds
(ADDRESS)

20. FILED MAR 16 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16 1934

22. I HEREBY CERTIFY, That I attended deceased from December 22, 1934, to March 16, 1934

I last saw her alive on March 16, 1934. Death is said to have occurred on the date stated above, at 2:49 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset Indefinite

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Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Chin feeding 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) Clifton Smith, M. D.

(Address) St. Joseph Mo #2 St. Joseph Mo

Registrar

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.

