

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

Do not use this space.

26057

1. PLACE OF DEATH

88 County Randolph Registration District No. 735  
 6 Township Moberly Primary Registration District No. 3034  
 8 City Moberly (No. 703) Farrar St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 197

2. FULL NAME Hannah R. Wilson

(a) Residence, No. 703 Farrar 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James A. Wilson  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 17th 1868  
 7. AGE YEARS 66 MONTHS 5 DAYS 8 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 \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25th 1934

22. I HEREBY CERTIFY that I attended deceased from May 1934 to July 25 1934  
 I last saw her alive on July 25 1934 Death is said to have occurred on the date stated above, at 3:00 p.m.  
 The principal cause of death and related causes of importance were as follows:

Pericious Anemia Date of onset several yrs  
717  
 Other contributory causes of importance: 110

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
 FATHER 13. NAME John Litton  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
 MOTHER 15. MAIDEN NAME Matilda Surgen  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
 17. INFORMANT Mrs L L Barnett (ADDRESS) Moberly Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Stauberry Mo DATE July 27th 1934  
 19. UNDERTAKER Mahard Ben (ADDRESS) Moberly Mo  
 20. FILED 7/26 34 Virginia Walker (Address) Moberly Mo.  
 Registrar

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Chie. Exam 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) C. C. Smith \_\_\_\_\_, M. D.  
Moberly 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 10 1934

