

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

Do not use this space.

JUL 20 1935

39013-a

1. PLACE OF DEATH

County *Dunklin*
Township *Blair*
City _____ (No. _____) _____ St. _____ Ward _____

Registration District No. *287*
Primary Registration District No. *J-405-*

File No. _____
Registered No. *17*

2. FULL NAME

Elizabeth Jane Wilder

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX *M* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 9 1934*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 27, 1840*

22. I HEREBY CERTIFY, That I attended deceased from *Nov 9 1934*, to *Nov 9 1934*

I last saw her alive on *Nov 9 1934* Death is said to have occurred on the date stated above, at *1:30 p.m.*

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

7. AGE YEARS *94* MONTHS *0* DAYS *12* If LESS than 1 day, _____ hrs. or _____ min.

Senility

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *X*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *X*
10. Date deceased last worked at this occupation (month and year) *X* 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: *10th*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Cold Springs, MO*

13. NAME *Not known*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Not known*

15. MAIDEN NAME *Not known*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Not known*

17. INFORMANT (ADDRESS) *Mrs. Ed. Hartney*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Cold Springs* DATE *Nov 10 1934*

19. UNDERTAKER (ADDRESS) *Mrs. Ed. Hartney*

20. FILED *12* *1934* Registrar.

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? _____

(Signed) *Dr. W. J. ...*, M. D.

(Address) *...*

This statement may be properly classified. Exact statement of OCCUPATION is very important.

