

MAR 18 1933

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

Do not use this space.

5216

1. PLACE OF DEATH

County Wright
Township R. 2
City Ella Flora Wilson (No. _____) St. _____ Ward _____

Registration District No. 236
Primary Registration District No. 4143

File No. 36
Registered No. 36

2. FULL NAME

(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

3. SEX M 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 W. Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 72 0 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Haystack

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) Deerfield Mo

13. NAME Reuben Cowan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deerfield Mo

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deerfield Mo

17. INFORMANT (ADDRESS) W. S. General Wright Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Chapel DATE 2/20 1933

19. UNDERTAKER (ADDRESS) Wright Mo

20. FILED Feb 21 1933, W. S. General Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18 1933

22. I HEREBY CERTIFY that I attended deceased from Feb 18 1933 to Feb 18 1933

I last saw deceased alive on Feb 17 1933. Death is said to have occurred on the date stated above, at 4:30 P.M.

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

Langrene of G. Foot Date of onset _____

Other contributory causes of importance: Annular

for test 4 years

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 _____ 1933

Where did injury occur? Home (Specify city or town, county, and State)

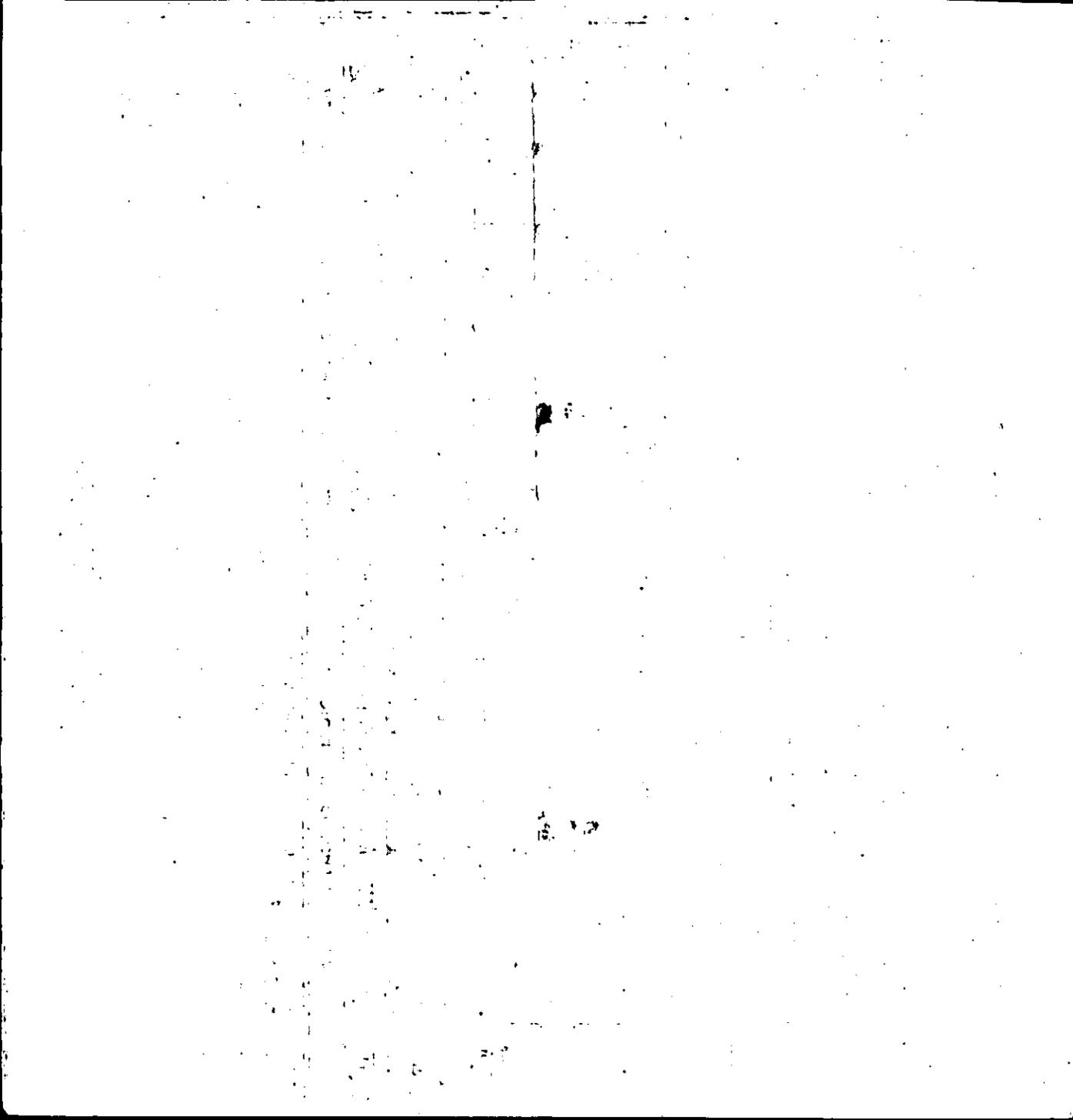
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) W. S. General M. D.
(Address) Wright Mo



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CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH
 County Wade Registration District No. 236 File No. _____
 Township _____ Primary Registration District No. 4143 Registered No. 36
 City Everton St. _____ Ward) _____

2. FULL NAME Ella Flora Wilson
 (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

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than day, or _____
72 0 21

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) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED afj 1930 P. Fair M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Gangrene of foot
Gangrene of foot
 Other contributory causes of importance:
Anemia of old age

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) W. S. Riley _____, M. D.

(Address) Everton, Mo.

S-5216