CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 23 1936

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

Do not use this space.

35052

1. PLACE OF DEATH
County Montgomery — Registration District No. 589 — File No.
Township Buscreek — Primary Registration District No. 4347 — Registered No. 31
City High Hill (No. ..... St. ..... Ward)

2. FULL NAME Emma May 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: female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19th 1903
7. AGE (32) YEARS ~~33~~ MONTHS 10 ~~9~~ DAYS ~~21~~ 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hire girl
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) High Hill Mo.

FATHER
13. NAME Charles Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery County Mo

MOTHER
15. MAIDEN NAME Carrie Cornnor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) High Hill Mo.

17. INFORMANT (ADDRESS) Evenline Wilson
18. BURIAL, CREMATION, OR REMOVAL
PLACE High Hill DATE Sept 27 1936
19. UNDERTAKER (ADDRESS) C. M. Thruman Jonesburg Mo.
20. FILED Sept 30 1936 E. A. Bear Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26, 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:

Come to her death by being Shot through chest by No. 12 Sponge Shotgun (Coroner's Jury's Verdict)

Date of onset

Other contributory causes of importance: 1/7

Name of operation None 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? homicide Date of injury 9/26, 1936
Where did injury occur? High Hill Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury Shot by negro man.
Nature of injury Shot through chest.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) James O. Helm, M. D.
(Address) New Florence Mo
Coroner Montgomery Co.