

REC'D JUN 23 1938

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

Do not use this space.

1. PLACE OF DEATH

County St. ClairRegistration District No. 762File No. 19371

Township

Primary Registration District No. 4457

Registered No.

City Collins (No. _____)

St. _____

Ward _____

2. FULL NAME Erolie May Wilson

(a) Residence, No. _____

St. _____

Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred

yrs. _____

mos. _____

ds. 1

How long in U.S., if of foreign birth?

(If nonresident, give city or town and State)

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jno. W. Wilson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-12-1861

7. AGE

YEARS 76MONTHS 4DAYS 21

If LESS than 1 day, _____ hrs. or _____ min.

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

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) Missouri13. NAME Wm P. Howell14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia15. MAIDEN NAME Nancy M. Byrbe16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) Chas Wilson Collins Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Reherson Am DATE 3-5 193819. UNDERTAKER (ADDRESS) Ed Skellern Escala Mo.20. FILED Apr 23 1938 Mrs. C. L. Landaker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 3 193822. I HEREBY CERTIFY, That I attended deceased from Jan 3 1938, to Mar 1 1938I last saw him alive on Mar 1 1938. Death is said to have occurred on the date stated above, at 2 P. m.

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

Date of onset

Pneumonia Lobular
Left Lung

Other contributory causes of importance:

acute Myocardium

Name of operation none Date of _____What test confirmed diagnosis? clinical 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) A. J. Steffler

M. D.

(Address) St. Louis Mo

