REC'D JUL 17 1938

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

Do not use this space.

File No. 22486
Registered No. 13

1. PLACE OF DEATH
County Morgan
Township
City Stover, Mo. (No. St. Ward)
Registration District No. 919
Primary Registration District No. 4551

2. FULL NAME Laura Jane Wilson
(a) Residence, No. Stover, Mo 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 Fe
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martin Wilson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2, 1872
7. AGE Years 66 Months 1 Days 1 If LESS than 1 day, hrs. or min.

OCCUPATION
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) Versailles Mo

FATHER
13. NAME Ben F. Dabney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Daby Cogswell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Porter Wilson
(ADDRESS) Stover, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ritchie DATE 7-5 1938
19. UNDERTAKER Duane Ewing
(ADDRESS) Sedalia Mo
20. FILED July 11 1938 Mrs L Ripperger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1938
22. I HEREBY CERTIFY, That I attended deceased from June 1st 1938 to July 3 1938
that saw her alive on July 2nd 1938. Death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic heart disease	many months ago

Other contributory causes of importance: Pt. +

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. G. Gunn M. D.
530 (Address) Versailles Mo

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.

Dr. Gunn
Versailles, Mo