

REC'D DEC 19 1938

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

39430
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
 (b) Township _____ Primary Registration District No. 3020 Registered No. _____
 (c) City Carthage, Missouri (d) Street No. McCune Brooks Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Julia Terrell Wilson

(a) Residence, No. 1161 South Maple St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Mr. T. C. Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 24, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
83 8 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 9. Industry or business in which work was done, as 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) Gare, Ohio

FATHER 13. NAME John Terrell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT Miss Flora Wilson (ADDRESS) 1161 S. Maple, Carthage

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE November 14, 1938

19. FUNERAL DIRECTOR (NAME) Ulmer Funeral Home (ADDRESS) Carthage, Missouri

20. FILED Nov. 14, 1938 E. J. McEntire, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 12, 1938

I HEREBY CERTIFY, That I attended deceased from Oct 1, 1938, to Nov 12, 1938

I last saw her alive on Nov 12, 1938. Death is said to have occurred on the date stated above, at 11A m.

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

Cerebral-Hemorrhage Date of onset _____
arterio sclerosis

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) Clay B. Blanton M. D.
 (Address) Carthage - 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.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-287

Date Filed DEC 16 1938

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed..... *Ed [Signature]*

Licensed Embalmer No. 2722

P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.