

6390 JUN 13 1939

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

19104
Do not use this space.

1. PLACE OF DEATH

(a) County LINN Registration District No. 496
(b) Township BROOKFIELD Primary Registration District No. 3025
(c) City BROOKFIELD (d) Street No. _____ St.
(e) Length of residence in city or town where death occurred 50 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

42 MARTHA J. WILSON
(a) Residence, No. 318 HUNT 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 F 4. COLOR OR RACE W 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) Mar. 17, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 1 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
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) July, 1938
11. Total time (years) spent in this occupation 70

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LINNEUS Mo

13. NAME Alfred Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Dulcinea Nichols

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

17. INFORMANT (ADDRESS) Mrs Lavina Randall Brookfield, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Rose Hill Cem. Brookfield, Mo May 4, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Rest Funeral Home Brookfield, Mo

20. FILED June 1, 1939 Linneus, Mo Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1939, to May 2, 1939
I last saw her alive on May 1, 1939. Death is said to have occurred on the date stated above, at 8:10 P.

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

Chr. Interstitial Nephritis

Other contributory causes of importance: 121

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) James Young M. D.
Brookfield, Mo (Address)

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. 11,
District File Number 29-607
Date Filed JUN 5 1939

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 H. Bidright

Licensed Embalmer No. 3718

P. O. Address Brookfield, Mo

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.