

WED JUL 11 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22143
Do not use this space.

1. PLACE OF DEATH
 (a) County GREENE Registration District No. 318
 (b) Township S. Campbell Primary Registration District No. 2001 Registered No. 502
 (c) City SPRINGFIELD (d) Street No. 608 W Pine St 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME MARtha JANE WILSON
 (a) Residence, No. 608 W Pine St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William G. Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4 - 1859

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>180</u>	<u>2</u>	<u>16</u>	<u>7</u>

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Keeper

9. Industry or business in which work was done, as saw mill, bank, etc. Keeper

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

FATHER 13. NAME Albert Morrow

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

MOTHER 15. MAIDEN NAME Sarah Nedrow

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

17. INFORMANT (ADDRESS) Ada Griseell
608 W Pine St

18. BURIAL, CREMATION, OR REMOVAL PLACE East Lawn DATE 6-22-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dunn Hall
Springfield Mo

20. FILED June 22, 1939 Chas A. George Local Registrar. 290

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6, 18, 39, 19... to 6, 20, 39, 19...
 I last saw her alive on 6, 19, 39, 19... Death is said to have occurred on the date stated above, 5:05p m.
 The principal cause of death and related causes of importance were as follows:
Hemorrhage, cerebral

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Phys. 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? _____
 If so, specify _____
 (Signed) J. J. Musick, M. D.
Springfield, Mo.

Date of onset
1939
June
18

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.

WRITE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

39
3
6

1 X-15603

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 Rayd W. Ford
Licensed Embalmer No. 2910
P. O. Address 629 W. Walnut

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.

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