

AUG 9 1939

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

25507

Do not use this space.

1. PLACE OF DEATH

(a) County Douglas Registration District No. 1061
 (b) Township Miller Primary Registration District No. 538
 (c) City Ava, Missouri (d) Street No. _____ 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

425 Mrs. Belle Wilson
 (a) Residence, No. Route Ava, Missouri St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Bennie Wilson		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23, 1868		
7. AGE	YEARS 71	MONTHS 0
		DAYS 13
	If LESS than 1 day, hrs. or min.	
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) Ky.		
FATHER	13. NAME Wash Privett	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.	
MOTHER	15. MAIDEN NAME Unknown	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown	
17. INFORMANT (ADDRESS) Chas Wallace Route, Ava, Missouri		
18. BURIAL, CREMATION, OR REMOVAL PLACE Walla DATE 7-7-39		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chamberlaine Ava, Mo.		
20. FILED July 31, 1939 W. S. McAtee Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 193922. I HEREBY CERTIFY That I attended deceased from June 19, 1939 to July 5, 1939I last saw him alive on July 5, 1939 Death is saidto have occurred on the date stated above, at 5:55 A.M.

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

*disease of heart -
mitral stenosis*

Date of onset

Other contributory causes of importance: 922

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) J. E. Gentry, M. D.(Address) Walla, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. 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. J. L. Sentry

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.....

Licensed Embalmer No.....

P. O. Address.....

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.