

DEC'D SEP 21 1939

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

29798

Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 609
(b) Township Neosho Primary Registration District No. 4263 Registered No. 106
(c) City Neosho (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

Christine Anne Wilson
(a) Residence, No. 323 W Adams Neosho, Mo 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles H Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 1 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
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) Arcadia, Iowa13. NAME John Rollins14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland15. MAIDEN NAME Christine Wilson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland17. INFORMANT (ADDRESS) Chas. H Wilson
Neosho, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE 200 F Cemetery DATE July 27 1939
Neosho, Mo19. FUNERAL DIRECTOR (NAME) (ADDRESS) Corley Thompson
Neosho, Mo20. FILED 8-16 1939 Unala Salmond
622 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 19 1939 to July 25 1939
I last saw her alive on July 25 1939. Death is said to have occurred on the date stated above, at 11:15 p.m.
The principal cause of death and related causes of importance were as follows:

Ventricular Fibrillation of Heart
Date of onset _____

Other contributory causes of importance:
Hypostatic Pneumonia

Name of operation None Date of _____
What test confirmed diagnosis? None 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) J. A. Guthrie, M. D.

(Address) Neosho, Mo.

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.....

Gail R Gay

....., Registered Apprentice No. *189*

working under my personal supervision.

Signed *Barley Thompson*

.....
Licensed Embalmer No. *3259*

P. O. Address *Neosho Mo*

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

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