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

30392
Do not use this space.

REC'D SEP 7 1939

103

1. PLACE OF DEATH
(a) County Stoddard 2 Registration District No. 836
(b) Township Liberty 1 Primary Registration District No. 6098 Registered No. 33
or
(c) City ..... (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 none ds. (f) How long in U. S., if of foreign birth? none ds.

425

2. PRINT FULL NAME Unnamed Wilson
(a) Residence, No. Liberty, Co. 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ——

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

7. AGE: none — YEARS — MONTHS: none — DAYS: none — If LESS than 1 day, none hrs. or none min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
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) Bernie, Mo.

FATHER
13. NAME John Oliver Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bernie, Missouri

MOTHER
15. MAIDEN NAME Eathel Losh
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bernie, Missouri

17. INFORMANT (ADDRESS) Mrs. O. F. East Bernie, Mo - R.1.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stevenson Ave DATE Aug 20 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) None

20. FILED Aug 31 1939 Laura Hopkins
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

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

No Medical aid
Cause unknown

Date of onset

Other contributory causes of importance:
Still Born

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) ....., M. D.
(Address) .....

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

RECEIVED
District Health Officer No. 2,
District File Number 939-187
Date Filed 9-6

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 co with the above constitutes grounds for revocation of license.)

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

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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(a) County Stoddard — Registration District No. 836
(b) Township Liberty — Primary Registration District No. 6098 — Registered No. 33
(c) City ..... (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 un named Wilson
(a) Residence, No. ..... 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 7
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 8
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-20-39
7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, — hrs. or — min.

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.
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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE 19
19. FUNERAL DIRECTOR (ADDRESS)
20. FILED Aug 31, 1939 Laura Hopkins
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Cause unknown.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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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) Laura Hopkins L. R. M. D.
(Address) Bernie Mo.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-30392