

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

39978
Do not use this space.

DEC 15 1939

1. PLACE OF DEATH

(a) County Jasper Registration District No. 417
 (b) Township JOPLIN Primary Registration District No. 3021
 (c) City Jebb City (d) Street No. 1201 AUSTIN 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 28 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 425 Ollie Wilson

(a) Residence, No. 1201 Austin 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 (OR) WIFE OF E., M. Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 7 25

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)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Bonne Terre, Missouri (STATE OR COUNTRY)

13. NAME J. M. Overcast
 14. BIRTHPLACE (CITY OR TOWN) Alabama (STATE OR COUNTRY)

15. MAIDEN NAME Sarah Smotherman
 16. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

17. INFORMANT E. M. Wilson (husband) (ADDRESS) Jebb City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Hope Cem. DATE 11/8/39 19.

19. FUNERAL DIRECTOR (NAME) Hedge Wilson (ADDRESS) Jebb City, Missouri

20. FILED NOV. 7. 39 19. J. L. Gitchett, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/6/39 19.

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1939, to Nov 6, 1939
 I last saw her alive on Nov 6, 1939. Death is said to have occurred on the date stated above, at 9:07 A.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

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? No
 If so, specify _____
 (Signed) B. A. Durnford, M. D.
 (Address) Webb City, Mo

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.

RECEIVED

District Health Officer No. 6,

District File Number 1239-2415

Date Filed DEC 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.....

W. H. Hedge
working under my personal supervision.

Registered Apprentice No.....

Signed W. H. Hedge

Licensed Embalmer No. 2859

P. O. Address W. H. Hedge

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.