

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

Do not use this space.

10384

1. PLACE OF DEATH

County Montrou
Township Walsler
City California (No. _____)

Registration District No. 571
Primary Registration District No. 4335

File No. _____
Registered No. 12
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22 - 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>68</u>		<u>18</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation <u>93</u> <u>95</u> <u>86</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

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

FATHER 13. NAME Jawor - M. Love

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

MOTHER 15. MAIDEN NAME Manervia Troxel

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

17. INFORMANT George Wilson

(ADDRESS) California Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Fellowship Cem DATE 3/14 1933

19. UNDERTAKER William & Fried Meyer

(ADDRESS) California Mo

20. FILED Mar 13 1933 Geo. W. Rock Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1924, to March 12, 1933

I last saw h. or alive on March 12, 1933. Death is said to have occurred on the date stated above, at 6:30 P. m.

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

Rheumatic heart disease -
chronic myocarditis
chest block
Hypertension

Date of onset	<u>8/26/24</u>
	<u>1927</u>
	<u>1930</u>

Other contributory causes of importance:
Cerebral hemorrhage

7 day

Name of operation none Date of _____

What test confirmed diagnosis? clinical 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) Edgar A. Tuttle, M. D.
(Address) California

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

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.

APR 24 1933

2
2
2

1948

1. The first part of the report deals with the general situation of the country and the progress of the work during the year. It is divided into two main sections: the first section deals with the general situation and the second section deals with the progress of the work.

2. The general situation of the country is described in the first section. It is noted that the country has made considerable progress in the field of industry and commerce during the year. The production of goods has increased and the volume of trade has risen. The government has also taken steps to improve the standard of living of the people and to develop the country's resources.

3. The progress of the work is described in the second section. It is noted that the work has been carried out in accordance with the plan and that the objectives have been largely achieved. The work has been carried out in a systematic and organized manner and the results have been satisfactory.

4. The report concludes with a summary of the work done during the year and a statement of the objectives for the next year. It is noted that the work has been carried out in a systematic and organized manner and the results have been satisfactory.