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

Do not use this space.

10384

File No. .....

Registered No. 22

1. PLACE OF DEATH

County Moniteau

Township Walker

City California (No. ..... St. ..... Ward)

Registration District No. 521

Primary Registration District No. 4335

2. FULL NAME Susan Isabel Love Wilson

(a) Residence, No. ..... St., ... Ward. .....

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 68 | Months | Days 18 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 923

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 950

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 8

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

FATHER

13. NAME: James 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 Odd Fellows Cem DATE 3/14, 1933

19. UNDERTAKER: Williams & Fried meyer

(ADDRESS) California Mo

20. FILED Mar 13, 1933 Jas. W. Roth

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 her alive on Mch 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:

	Date of onset
Rheumatic heart disease -	8/26/24
Chronic myocarditis	1927
Heart block	1930
Hypertension	

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. Kibbe, M. D.

(Address) California

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.

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

APR 24 1933