

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.

NOV 4 1936

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

Do not use this space.

35031

1. PLACE OF DEATH
 County Moscow Registration District No. 577
 Township East Grove Primary Registration District No. 5775
 City Lathrop (No. _____) St. _____ Ward _____

2. FULL NAME Dessie Wilson
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Wilson</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 26 - 1863</u>				
7. AGE <u>72</u>	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Morgan Co., Mo.</u>		13. NAME <u>Tyree</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>		15. MAIDEN NAME <u>Margaret Schumack</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>		17. INFORMANT <u>Mrs. Cliff Clouinger</u> (ADDRESS) <u>California Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Green Grove</u> DATE <u>Sept 16 1936</u>				
19. UNDERTAKER (ADDRESS) <u>William V. Fredmeyer</u> <u>California Mo.</u>				
20. FILED <u>10-9</u> 1936 <u>Mariela Robertson</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13 1936

22. I HEREBY CERTIFY, that I attended deceased from Sept 3 1936 to Sept 13 1936. I last saw her alive on Sept 11 1936. 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:
Cancer of liver
46
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify _____
 (Signed) D. S. Wilson M. D.
 (Address) Fortuna, Mo.

