

MARGIN RESERVED FOR BINDING

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

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

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.

PLACE OF DEATH
County Buchanan
Township _____ or Village _____ or City St Joseph Mo (NO. Encworth Hospital)
Registration District No. 5 File No. 8265
Primary Registration District No. 001 Registered No. 227
Ward _____ (If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME John W Wilson

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED married (Write the word)

DATE OF BIRTH Aug 4 1854
(Month) (Day) (Year)

AGE 57 yrs. 7 mos. 7 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) 1-02

BIRTHPLACE (City or town, State or foreign country) Missouri

PARENTS
NAME OF FATHER Cisbury Wilson
BIRTHPLACE OF FATHER (City or town, State or foreign country) unknown
MAIDEN NAME OF MOTHER Aminda Turner
BIRTHPLACE OF MOTHER (City or town, State or foreign country) unknown

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 11 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 7, 1912, to March 11, 1912, that I last saw him alive on March 11, 1912, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:
Obstruction of bowels
acute peritonitis

Contributory none
(SECONDARY) (Duration) yrs. mos. ds.

(Signed) Smallberger M. D. (Address) St Joseph Mo
March 11 1912

*State the Disease Causing Death, or, in Deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death 0 yrs. 0 mos. 11 ds. In the 47 yrs. 7 mos. 7 ds.
Where was disease contracted Paruceemo
If not at place of death?
Former or usual residence Paruceemo

PLACE OF BURIAL OR REMOVAL Paruceemo DATE OF BURIAL March 11 1912

UNDERTAKER Meierhoffer ADDRESS 824 Felix

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. W. Wilson
(ADDRESS) 410 north 8th

Filed March 11 1912 WBS Kelling REGISTRAR

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sar-*

coma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



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

PLACE OF DEATH

County Buchanan

Township _____

Registration District No. 85

File No. _____

or Village _____

Primary Registration District No. 1001

Registered No. 227

or City St Joseph

(NO. Encworth Hospit ST. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME

John W. Wilson

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX m COLOR OR RACE w SINGLE MARRIED WIDOWED OR DIVORCED w (Write the word)

DATE OF DEATH Mar 11, 1912 (Month) (Day) (Year)

DATE OF BIRTH Aug 4, 1854 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mar 2, 1912, to Mar 11, 1912, that I last saw him alive on Mar 11, 1912, and that death occurred, on the date stated above, at 8 a.m.

AGE 57 yrs. 7 mos. 7 ds. if LESS than 1 day, hrs. or mins.

The CAUSE OF DEATH* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work Farmer (b) General nature of industry, business, or establishment in which employed (or employer)

obstruction of bowels
slime incarcerated
in left sigmoidal canal
producing the symptoms
(Duration) yrs. mos. 12 ds.

BIRTHPLACE (City or town, State or foreign country) Missouri

Contributory none (SECONDARY) (Duration) yrs. mos. ds.

NAME OF FATHER Asbury Wilson

(Signed) Jacques M. D. M. D. Mar 11, 1912 (Address) St Joseph Mo

BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

MAIDEN NAME OF MOTHER Quanda Turner

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

BIRTHPLACE OF MOTHER (City or town, State or foreign country) W.V.

At place of death yrs. mos. " ds. In the 47 yrs. 7 mos. 7 ds. State 47 yrs. 7 mos. 7 ds. Where was disease contracted if not at place of death? Parrell mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J. H. Wilson

Former or usual residence " "

(ADDRESS) 410 N. 8th St

PLACE OF BURIAL OR REMOVAL Parrell mo DATE OF BURIAL 3/11, 1912

Filed May 22, 1912 M. B. Killing REGISTRAR

UNDERTAKER R. Meinhoff ADDRESS 824 Felix

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Whooping cough; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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