

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

1129

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. 1129  
 Township Kaw Primary Registration District No. D09 Registered No. 1129  
 City Kansas City (No. 1410 East 79th St. St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME** JESSIE BENTON WILSON

(a) Residence. No. 1410 East 79th St. St. \_\_\_\_\_ Ward \_\_\_\_\_ (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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 26, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
52 11 3

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work At Home  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Kas.

10. NAME OF FATHER Thos. J. Wilson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Matilda Wysong

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ohio

14. INFORMANT Edna W. Bruner (Address) 1410 E. 79th St., K.C. Mo.

15. FILED Jan. 11, 1923 M. M. Crowe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/9/23 1923

17. I HEREBY CERTIFY, That I attended deceased from Jan 12<sup>th</sup>, 1923, to Jan 9<sup>th</sup>, 1923 that I last saw him alive on Jan 9<sup>th</sup>, 1923, and that death occurred, on the date stated above, at 12:50 PM m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

General paralysis of the insane

CONTRIBUTORY (SECONDARY) Cerebral hemorrhage (duration) yrs. mos. ds. one

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) James O. Piccolo, M. D.

Jan 10, 1923 (Address) 50 Westover Bldg  
 \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill DATE OF BURIAL 1-11-23 1923

20. UNDERTAKER Stone & McClure Co ADDRESS 926 Oak St.

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.

