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.

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

Do not use this space.

19503

File No.

Registered No. 5187

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St. Louis Mo. (No. 3023 Iowa Av. St. Ward)

2. FULL NAME Earl Wilson

(a) Residence. No. 3023 Iowa Av. St., 24 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: male

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) Sept 16-1902

7. AGE: Years 24 | Months 8 | Days 17 | If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer): Chevrolet Motor Co

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: W. F. Wilson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri

12. MAIDEN NAME OF MOTHER: Blanch Curley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri

14. INFORMANT: Mr W. F. Wilson
(Address) 3023 Iowa Av.

15. FILED JUN - 1 1927 May C Starkeoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 3 1927

17. I HEREBY CERTIFY, That I attended deceased from 5/26/27, 19__ to June 3rd, 1927, that I last saw him alive on June 3rd, 1927, and that death occurred, on the date stated above, at 5 10 4 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis of spine & pelvis.

(duration) yrs. 6 mos. 3 ds.

CONTRIBUTORY (SECONDARY) 34

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Lloyd L Heid, M. D

, 19 (Address) 845 Mo Th 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bonnots Mills Mo.

DATE OF BURIAL: June 5 1927

20. UNDERTAKER: E. J. Schnur

ADDRESS: 3125 Lafayette Av