

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

Do not use this space.

26042

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City St. Louis City (No. Mo. Pac. Hosp)  
 Registered No. **7666** St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(a) Residence. No. Greenleaf, Kans. St., 17 Ward. Greenleaf, Kans.  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OF RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. W MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (or write word) wife of Mrs. C.W. Wilds

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 11, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
58      5      16

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Agent  
 (b) General nature of industry, business, or establishment in which employed (or employer) Railroad  
 (c) Name of employer Mo. Pac. R-R. Co.

9. BIRTHPLACE (CITY OR TOWN) Illinois  
 (STATE OR COUNTRY)

10. NAME OF FATHER Joseph W. Wilds

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mingham  
 (STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Harrish Brooks

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Brookhaven  
 (STATE OR COUNTRY) New York

14. INFORMANT Mrs. E. Wilds  
 (Address) Greenleaf, Kansas

15. FILED AUG 29 1927 May B. Starkeoff  
 REGISTAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 27 1927  
 17.

I HEREBY CERTIFY, That I attended deceased from Aug 15, 1927, to Aug 27, 1927.  
 that I last saw him alive on Aug 27, 1927, and that death occurred, on the date stated above, at 8:30 p.m.

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

Myocarditis Chronic  
92C  
97  
91A (duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
 CONTRIBUTORY Arterio Sclerosis & Auricular  
 (SECONDARY) Stimulation ? (duration) ? yrs. \_\_\_\_ mos. \_\_\_\_ ds.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical Observation  
 (Signed) Jerome B. Leary, M. D.  
 , 19 (Address) Mo. Pacific Hosp.

\*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 Kansas City, Mo. DATE OF BURIAL Aug 30 1927

20. UNDERTAKER Reidy Bros. ADDRESS 3029 Lafayette

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.

THIS IS A PERMANENT RECORD

