

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

Do not use this space.

30534

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 4041
 Township Raw Primary Registration District No. 1002 Registered No. 4041
 City Ray Wheatley Hospital St. Ray Ward 1

2. FULL NAME

(a) Residence. No. 111 St. Richmond Ward 2nd
 (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 M 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-20-1867
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 2 45

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Miner
 (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) Ray Mo.

10. NAME OF FATHER Leop Wilson
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 12. MAIDEN NAME OF MOTHER Mary Still
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) ky

14. INFORMANT (Address) Harold Wilson
Richmond Mo.

15. FILED 10/25 27 M. M. Cramer REGISTRAR
Assn

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-25-1917
 17. I HEREBY CERTIFY, That I attended deceased from 1917, to 1917, that I last saw him alive on 1917, and that death occurred, on the date stated above, at 11 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Suicide - Firearm

173 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) 1917 (duration) yrs. mos. ds.

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

18 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
 (Signed) for certificate, M. D.
17, 19 (Address) Deputy Coroner

*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 Richmond Mo DATE OF BURIAL 10-25-17

20. UNDERTAKER A.W. MANSUR ADDRESS Richmond Mo.

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.

