

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

Do not use this space
27203

1. PLACE OF DEATH

County Jackson Registration District No. 404
 Township Washington Primary Registration District No. 5558
 City Washington (No. 1818-E-83) St. Mo. Ward 111

2. FULL NAME

Darius J. Wilson
 (a) Residence No. 1818-E-83-21 St. Mo. Ward 111
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 None
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 18 - 1873
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 11 20
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Blacksmith
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

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

PARENTS
 10. NAME OF FATHER
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Illinois
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Amanda Peterson
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Illinois
 (STATE OR COUNTRY)

14. INFORMANT Mrs. W. W. [unclear]
 (Address) 829 [unclear] KCK

15. FILED 12/30/27 33rd & [unclear] E
[unclear] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 29 1927
 17. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1927, to Dec 29, 1927
 that I last saw him alive on Dec 28, 1927, and that death occurred, on the date stated above, at 2:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis
97 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 74 W. [unclear]
 IF NOT AT PLACE OF DEATH

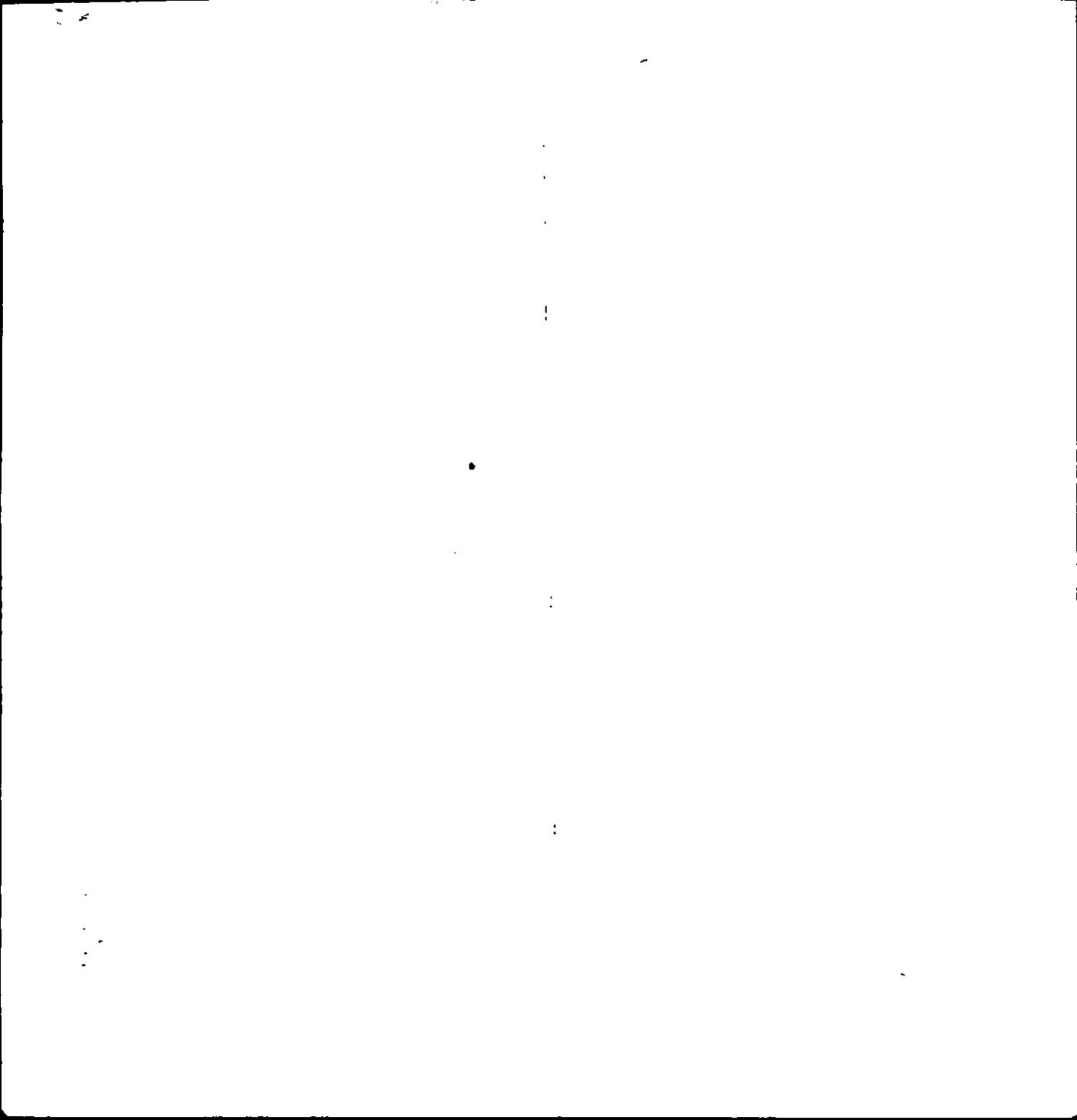
19. DID AN OPERATION PRECEDE DEATH? No DATE OF [unclear]
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? [unclear]
 (Signed) [unclear], M. D.
12/29, 1927 (Address) 80th & Paseo K.C. Mo.

*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 Forest Hill Cemetery DATE OF BURIAL Dec 30 1927

20. URBERTAKER W. J. Dehner Mortuary ADDRESS [unclear]



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

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

1. PLACE OF DEATH

County Jackson Registration District No. 404 File No.
 Township Washington Primary Registration District No. 3-3-8 Registered No. 111
 City..... (No.....) St. Ward)

2. FULL NAME

Larins J Wilson

(a) Residence. No. St., 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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (circle the word)

M W S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 18 - 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
34 11 X 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work (duration) yrs. mos. ds.
 (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)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. Filed 12/25/25 PH Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 29 19 27

17. I HEREBY CERTIFY That I attended deceased from 19.....
 that I last saw him alive 19....., and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

..... (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (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) M. D
 , 19 (Address)

*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 DATE OF BURIAL
 19

20. UNDERTAKER ADDRESS

SUPPLEMENTARY

5-10-1954