

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

Do not use this space.

304

FEB 20 1928

1. PLACE OF DEATH

County Buchanan
 Township.....
 City St. Joseph

Registration District No. 85
 Primary Registration District No. 1001
 (No. 443 North 17th St.)

File No.....
 Registered No. 114
 St. Ward)

2. FULL NAME Robert David Wilson.

(a) Residence. No. 443 North 17th St. St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 14 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 8, 1905.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
22 1 20

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Bookkeeper.
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer Enright Plumbing Co.

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo
 (STATE OR COUNTRY) Missouri.

PARENTS
 10. NAME OF FATHER Andrew D. Wilson.
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown.
 (STATE OR COUNTRY) Scotland.
 12. MAIDEN NAME OF MOTHER Elizabeth Young.
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri.

14. INFORMANT Mrs Elizabeth Wilson,
 (Address) 443 No 17th St.

15. FILED 1/30, 1928 John G. Vt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 28 1928

17. I HEREBY CERTIFY that I attended deceased from Jan 10 1928 to Jan 28 1928 that I last saw h. im alive on Jan 27 1928, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Submucous Tuberculosis

2342 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) none (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF.....
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) John G. Vt, M. D.
1/28, 1928 (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 Mt Aliest Vault DATE OF BURIAL Jan 30, 1928

20. UNDERTAKER H. O. Sidenfaden ADDRESS 1802 Union 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.

