MAR 21 1928

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

Do not use this space.

File No. 5924

Registered No.

1. PLACE OF DEATH
County Pike
Township Ashley
City " " (No. ..... St. ..... Ward)

Registration District No. 683
Primary Registration District No. 4407

2. FULL NAME James S. 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.

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Carrie Morris Wilson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 3, 1852

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
76		11	

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

9. BIRTHPLACE (CITY OR TOWN): Millwood
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: James S. Wilson
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Charity Hedges
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Louisiana
(STATE OR COUNTRY): Mo.

14. INFORMANT: Clay Wilson
(Address): Hannibal, Mo.

15. FILED 2/16, 1928 R. W. Hetherlin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2-15 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1928, to Feb. 14, 1928, that I last saw him alive on Feb. 14, 1928 and that death occurred, on the date stated above, at 1:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Bronchitis
92A
106A
(duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (SECONDARY): Gastro Stenosis
(duration) 10 yrs. ..... mos. ..... ds.

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) G. K. Edgell, M. D.
2-15, 1928 (Address) Bowling Green

*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: Louisville Cemetery
DATE OF BURIAL: Feb. 16 1928

20. UNDERTAKER: Grace Bankhead
ADDRESS: Bowling Green Mo.