JUL 2 8 1928

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

Do not use this space.

21272

1. PLACE OF DEATH
County Mercer
Township Morgan
City Princeton (No. ..... St. ..... Ward)

Registration District No. 556
Primary Registration District No. 4328

File No. .....
Registered No. 157

2. FULL NAME Edward Granlee 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 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 X

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 18, 1911

7. AGE Years 16 Months 10 Days 28 If LESS than 1 day, ..... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Princeton
(STATE OR COUNTRY) Mo. Mercer

PARENTS
10. NAME OF FATHER Arthur Wilson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Princeton
(STATE OR COUNTRY) Mo. Mercer
12. MAIDEN NAME OF MOTHER Mary E. Scott
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mercer County, Mo

14. INFORMANT A H Wilson
(Address) Princeton, Mo

15. FILED 6/18, 1928 J M Perry REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from none, 19..., to ..... 19..., that I last saw him alive on June 16, 1928, and that death occurred, on the date stated above, at 12 - midnight? Probably.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Accidental death by electrocution - caused by contact with a broken 2300 volt wire - during severe wind storm - (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 196 (duration) ..... 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? Phys. findings.

(Signed) A S Bristow - Coroner, M. D
6/17, 1928 (Address) Princeton, Mo Mercer Co.

*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 Princeton
DATE OF BURIAL Jan 18 1928

20. UNDERTAKER Hall Moss
ADDRESS Princeton Mo

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