

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... *City of Hospital*

File No. **28639**
Registered No. **8094**
St. (Ward)

2. FULL NAME

James Wilson
(a) Residence. No. *West End Hotel* St. *11* Ward.
(Usual place of abode) *Conventor West Belle* (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 *Col.* | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *Single*
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Unknown*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 30

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Deputy Constable*
(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) *Unknown*

10. NAME OF FATHER *Unknown*

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

12. MAIDEN NAME OF MOTHER *Unknown*

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

14. INFORMANT (Address) *Henry Bink 620 Chestnut*

15. FILED 19 *May 21 1938* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Aug. 5 1938*

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19..... that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at *4:30 P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Much as been of pulmonary

CONTRIBUTORY (SECONDARY) *Heart*

18. WHERE WAS DISEASE COMMENCED (a) IF NOT AT PLACE OF DEATH..... DATE OF.....

Did AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?..... (Signed) *W. J. White* M. D.

*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.
Concord

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Ocean Springs Miss* DATE OF BURIAL *8-9-1938*

20. UNDERTAKER *Peoples and Co* ADDRESS *Franklin*

COPY WITH UNWRAPING 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.

