

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

Do not use this space.

29898

SEP 28 1928

**1. PLACE OF DEATH**

County Bollinger

Registration District No. 109

Township Color

Primary Registration District No. 5-15-8

City..... (No.....).....

File No.....

Registered No. 427

St. .... Ward.....

**2. FULL NAME**

William Robert 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)** Married

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF** Susie Wilson

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** April 28-1874

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
54 4 16

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

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Bollinger Missouri

**10. NAME OF FATHER** George M. Wilson

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

**12. MAIDEN NAME OF MOTHER** Estelina Blatterbach

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

**14. INFORMANT** Erna M. Wilson  
(Address) New Bloomfield

**15. FILED** Sept 27, 1928 W.R.P.

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 9/14 1928

**17. I HEREBY CERTIFY, That I attended deceased from** Annalsburg 19, 1927, to Sept. 14, 1928, that I last saw h. .... alive on Sept 9, 1928, and that death occurred, on the date stated above, at 7/30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Cardio-Vascular - Renal Disease

1 1/2 9 1/2 (duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)** Acute Cardiac Dilatation  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED** I do not know.  
IF NOT AT PLACE OF DEATH.....

**DID AN OPERATION PRECEDE DEATH?** No DATE OF.....

**WAS THERE AN AUTOPSY?** No

**WHAT TEST CONFIRMED DIAGNOSIS?** Physical findings - X-Ray - Path. etc.  
(Signed) W. H. MOELL, M. D.  
9/14, 1928 (Address) 3511 Lucas Ave. St. Louis 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** Hopewell **DATE OF BURIAL** 9/15 1928

**20. UNDERTAKER** Ray Holt, New Bloomfield  
**ADDRESS**

REGISTRAR

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.

