

CT 30 1928

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

Do not use this space.

File No. 31071

1. PLACE OF DEATH

County... Marion Registration District No. 5-47 File No.
Township... Marion Primary Registration District No. 3029 Registered No. 259
City... Hannibal (No. 210 South Maple Ave. St. 7 Ward)

2. FULL NAME Mortimer Hart Wilson

(a) Residence. No. 210 South Maple Ave. 5 Ward. (If nonresident give city or town and State)
Length of residence in city or town where death occurred 25 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillie J. Wilson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 12-1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 - 4 =

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

9. BIRTHPLACE (CITY OR TOWN) Red River County
(STATE OR COUNTRY) Texas

PARENTS

10. NAME OF FATHER Andrew H. Wilson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Davis Co., Mo.

12. MAIDEN NAME OF MOTHER Mary Ann Hart

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Claverdale Ind.

14. INFORMANT Mortimer Wilson Jr.
(Address) Hannibal Mo.

15. FILED 9/22/28 C. C. Stoll REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Sept 13 1928, to Sept 16 1928, and that I last saw him alive on Sept 16 1928, and that death occurred, on the date stated above, at 6:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocardial degeneration
930 90 (B)

CONTRIBUTORY (SECONDARY) age

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

DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) A. B. Blue, M. D.
, 19 (Address) Hannibal 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 Mt. Olivet Cemetery DATE OF BURIAL Sept. 18-1928

20. UNDERTAKER Schwartz Funeral Home ADDRESS Hannibal 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.

