

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

Do not use this space.

42673

1. PLACE OF DEATH

County.....

Registration District No. **791**
1003

Township.....

Primary Registration District No. **Gamble**

City **St. Louis** (No. **28274**)

File No.

Registered No. **11923**

St. Ward)

2. FULL NAME

Henry G. W. Wilson

(a) Residence. No. **28274** **Gamble** St., **21** 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

negro

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

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

about 1850

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

abt 78

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Elevator Operator

(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)

Mo.

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)

**Horstence Smith
28274 Gamble St.**

15.

FILED

**-8 1928
Max C. Stovall**

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2. 16. DATE OF DEATH (MONTH, DAY AND YEAR) **Dec 4** 19 **28**

17. **NOV 17** 19 **28** to **Dec 4** 19 **28**
HEREBY CERTIFY That I attended deceased from
that I last saw him alive on **Dec 2** 19 **28**, and that
death occurred, on the date stated above, at **11:40 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Subar Pneumonia

108

CONTRIBUTORY (SECONDARY) **Chronic interstitial nephritis**

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

1010 no

no

WHAT TEST CONFIRMED DIAGNOSIS? **microscopic**
(Signed) **J. B. Moore**, 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Greenwood

12/8/ 1928

20. UNDERTAKER

ADDRESS **2732**

A. Russell and Co. Pines St.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

