

JAN 23 1929

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

Do not use this space.

1048

1. PLACE OF DEATH

County Greene
Township Wiley
City Wiley

Registration District No. 311
Primary Registration District No. 5433

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Jacob Wilber

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W 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) Apr 28-1836

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 92 8 6

8. OCCUPATION OF DECEASED

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

Tracy New York

10. NAME OF FATHER

Job Wilber

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) new york

12. MAIDEN NAME OF MOTHER Hedra Michal

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) new york

14. INFORMANT Mrs Jda Chapman
(Address) Greene Co. N.Y.

15. FILED 1/6 29 C. H. Willkerson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 4 1929

17. I HEREBY CERTIFY That I attended deceased from _____ 19____ to _____ 19____ that I last saw him alive on _____ 19____ and that death occurred on the date stated above, at _____

THE CAUSE OF DEATH* WAS AS FOLLOWS:
118
Reference

CONTRIBUTORY (SECONDARY) 118
(duration) yrs. mos. ds.

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) C. H. Willkerson M. D. 1/4 1929 (Address) Greene 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 Stonbury Mo DATE OF BURIAL 1/7 29

20. UNDERTAKER Henry H Phillips ADDRESS Stonbury Mo

WRITE PLAINLY, WITH UNFADING 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.

188
199
2
2
2

