

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

Do not use this space.

2580

1. PLACE OF DEATH

County Monroe Registration District No. 579
 Township Wesson Primary Registration District No. 5776
 City Madison (No. _____) St. _____ Ward _____

2. FULL NAME

Jonathan Franklin Wilberson
 (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. 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 Mary Wilberson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4/15/1890

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
39 8 9 7

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work retired farmer
 (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) Ohio

10. NAME OF FATHER John Wilberson

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

12. MAIDEN NAME OF MOTHER White

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

14. INFORMANT (Address) Mrs. Mae F. Stevens Tulsa, Okla

15. FILED 19 W. W. Eubank REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-22 1929

17. I HEREBY CERTIFY, That I attended deceased from 1-10 1929, to 1-22 1929, that I last saw him alive on 1-22 1929, and that death occurred, on the date stated above, at 8 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Heart disease
92A (duration) 15 yrs. mos. da.

CONTRIBUTORY (SECONDARY) QAD (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clin exam + Symp
 (Signed) W. Smith, M. D.
 , 19 (Address) Madison, 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 (Address) Triples, Mo DATE OF BURIAL 1/24 1929

20. UNDERTAKER (Address) Fred W. Thompson ADDRESS Madison, Mo

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.

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