23 1929

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

Do not use this space.

2927

1. PLACE OF DEATH
County Phelps — Registration District No. 678 — File No.
Township Merrimac — Primary Registration District No. 5906 — Registered No.
City (No. St. Ward)

2. FULL NAME Joseph Wilson
(a) Residence, No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 10 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep. 26 - 1911

7. AGE: Years 17 — Months 3 — Days 24 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: going to school
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Elk. City
(STATE OR COUNTRY) Okla

PARENTS
10. NAME OF FATHER James Wilson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lake Springs
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Cora Rimley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lake Springs
(STATE OR COUNTRY) Mo

14. INFORMANT James Wilson
(Address) St James Mo

15. FILED 1/22, 1929 Henry F Wolters
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-20 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1929, to Jan 20, 1929 that I last saw him alive on Jan 19, 1929, and that death occurred, on the date stated above, at 4 30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS
Bronchial Pneumonia
(duration) yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. 9 ds.

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? Clinical
(Signed) William H Bailey, M. D
1/20, 1929 (Address) St James 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: Adams Conn — DATE OF BURIAL: 1-22 1929

20. UNDERTAKER: W E Lickleder — ADDRESS: St James 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.

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