MAR 21 1929 454

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

Do not use this space.

5602

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1. PLACE OF DEATH
County Buchanan — Registration District No. 1001 — File No.
Township — Primary Registration District No. — Registered No. 971
City St Joseph (No. ..... St. ..... Ward)

2. FULL NAME James E. Wilson.
(a) Residence. (Usual place of abode) No. State Hosp #2 St., ... Ward. (If nonresident give city or town and State)
Length of residence in city or town where death occurred — yrs. — mos. 4 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs James E. Wilson.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown. 1888.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
41	0	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 237
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Unknown.
(STATE OR COUNTRY): North Dakota. 2

PARENTS

10. NAME OF FATHER: Unknown.
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown.
(STATE OR COUNTRY): Unknown. 31
12. MAIDEN NAME OF MOTHER: Unknown.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown.
(STATE OR COUNTRY): Unknown. 31

14. INFORMANT: Mrs James E. Wilson
(Address) 1212 Sacramento St Joseph Mo

15. FILED MAR 6 1929 19 John T. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 26. 1929.

17. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1929, to Feb 26, 1929 that I last saw him alive on Feb 26, 1929 and that death occurred, on the date stated above, at 7 30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis.

23A (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 31 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
O DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. R. Burch, M. D
2/26/, 1929 (Address) State Hosp #2

*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: State Hospital Cemetery.
DATE OF BURIAL: March 6 1929
20. UNDERTAKER: H. O. Hidenfaden
ADDRESS: 1802 Union St.