MAY 29 1929

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

Do not use this space.

15917

1. PLACE OF DEATH

County: Shanis — Registration District No.: 1160 — File No.:

Township: Central — Primary Registration District No.: 4470 — Registered No.: 43

City: University Cy (No. 6557 University Drive St. Ward)

2. FULL NAME James M D Wilson

(a) Residence. No. 6557 University Dr St., Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Margaret C Wilson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mch 9-1837

7. AGE: Years 92 — Months 0 — Days 27 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): So Carolina

PARENTS
10. NAME OF FATHER: Thos M Wilson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): S.C.
12. MAIDEN NAME OF MOTHER: Eliza Davis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): S.C

14. INFORMANT: Miss Nannie E Wilson
(Address) 6557 University Dr

15. FILED 4/8 1929 Marie Brown D REGISTRAR

MEDICAL CERTIFICATE OF DEATH

6

16. DATE OF DEATH (MONTH, DAY AND YEAR): april 6 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 1928, 1928, to April 6 1929, that I last saw b. ~~in~~ alive on April 5 1929, and that death occurred, on the date stated above, at 1:20 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Arteriosclerosis, Chr. Myocarditis, Chr. Pyelitis & Cystitis
93C
137
1335
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Senile Dementia
Hypertrophic Prostate (duration) 4 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?

9 90B

(Signed) Paul Kingsley Webb, M.D.
4/6, 1929 (Address) 1508 Chemical Bldg

*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: Memorial Gr Cem — DATE OF BURIAL: 4/8 1929

20. UNDERTAKER: A Ellis S W o Delmar — ADDRESS

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.

WHITE PLAINLY, WITH UNFADING INKLETHIS IS A PERMANENT RECORD