

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

Do not use this space.

19016

1. PLACE OF DEATH

County Pettis
Township Sedalia
City Sedalia (No. _____ St. _____ Ward _____)

Registration District No. 668
Primary Registration District No. 3032

File No. _____
Registered No. 178

2. FULL NAME

Paul James Wilson
(a) Residence. No. H. 20 W. PETTIS 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-21-1907
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
21 6 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Student
(b) General nature of industry, business, or establishment in which employed (or employer). X
(c) Name of employer X

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Frankfort
Missouri

10. NAME OF FATHER James Wilson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't Know
12. MAIDEN NAME OF MOTHER Emma Strother
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Slater
Missouri

14. INFORMANT Emma Banks
(Address) 420 W. Pettis

15. FILED 6-1-24 ges. Rave REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 29- 1929

17. I HEREBY CERTIFY, That I attended deceased from 5-1-1929 to 5-28-1929
that I last saw him alive on May 28th 1929, and that death occurred, on the date stated above, at 3:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Dilatation of Heart
93R
95B (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Myocarditis
(duration) _____ yrs. _____ mos. _____ ds.

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

19. DID AN OPERATION PRECEDE DEATH? W DATE OF _____
WAS THERE AN AUTOPSY? W

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. R. Maddox, M. D.
, 19 _____ (Address) 116 1/2 W. Main

*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 Sedalia DATE OF BURIAL 6/2/29-19

20. UNDERTAKER F. W. Ferguson ADDRESS Sedalia

