

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

Do not use this space.

25578

1. PLACE OF DEATH

County Ray Registration District No. 914
 Township Grape Grove Primary Registration District No. 915
 City Richmond (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 11

2. FULL NAME Joseph Wild

(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. 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 27, 1885

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	73	10	29	

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

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

10. NAME OF FATHER R. C. Wild

11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known
 (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Mc Cultrian

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

14. INFORMANT R. A. Wild
 (Address) Richmond

15. FILED July 25, 1929 Mrs. G. W. Gainer
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 24 1929

17. I HEREBY CERTIFY, That I attended deceased from July 21, 1929, to July 29, 1929, that I last saw him alive on July 23, 1929, and that death occurred, on the date stated above, at 6:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy

CONTRIBUTORY (SECONDARY) 1/4
 (duration) _____ yrs. _____ mos. _____ ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

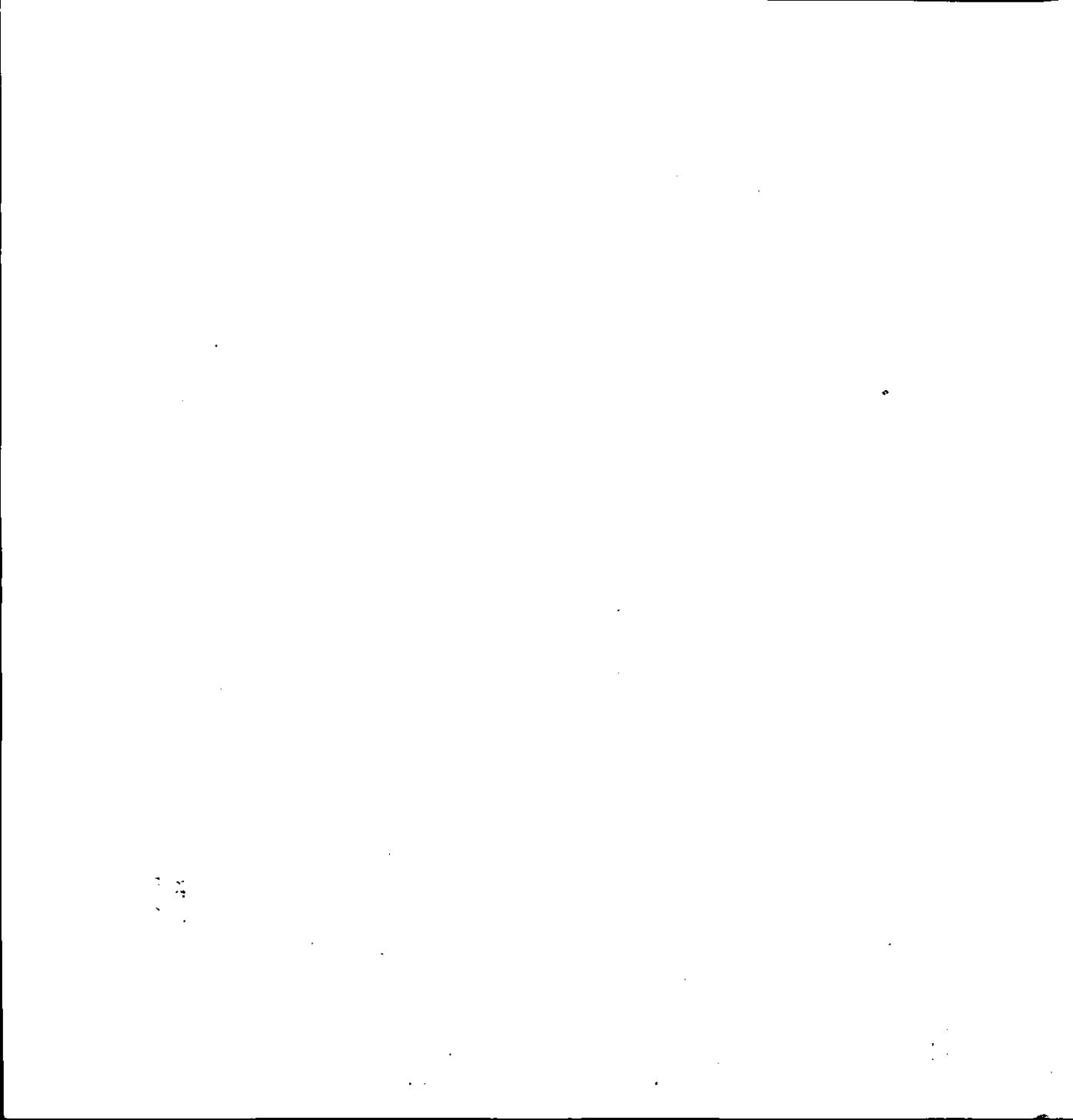
WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS clinical
 (Signed) D. W. Gainer, M. D.

July 24, 1929 (Address) Poyville, 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 Summerslope DATE OF BURIAL July 25, 1929

20. UNDERTAKER E. Thurman ADDRESS Richmond Mo.



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ALL INFORMATION COLLECTED
HEREON MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Ray Registration District No. 914 File No. _____
 Township Hope Grove Primary Registration District No. 6233 Registered No. 87
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 27 - 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 10 * 27 *

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER R. C. Wied

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

12. MAIDEN NAME OF MOTHER W. C. Caution

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

14. INFORMANT R. A. Wied
 (Address) Richmond

15. FILED Sept 6 1929 W. E. Gant
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 24 1929

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 that I last saw him (or her) alive on July 23, 1929, and that death occurred, on the date stated above, at 6:30 P. m.

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CONTRIBUTORY (SECONDARY) _____ (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? Clinical

(Signed) W. E. Gained, M. D.

July 24, 1929 (Address) Rayville MO

*State the DISEASE CAUSING DEATH, or if 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 Sunnyslope DATE OF BURIAL July 25 1929

20. UNDERTAKER E. Thurman ADDRESS Richmond MO

REG. FEE SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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