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

Do not use this space.

31261

1. PLACE OF DEATH

County: Lewis — Registration District No. 482

Township: Dickerson — Primary Registration District No. 5646

City ..... (No. ....., ... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME: Obie S. Wilson Jr.

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sep 23rd 1929

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	—	—	4	

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

9. BIRTHPLACE (CITY OR TOWN): Lewis County
(STATE OR COUNTY): Mo.

PARENTS

10. NAME OF FATHER: Obie S. Wilson

11. BIRTHPLACE OF FATHER (CITY OR TOWN): La Belle
(STATE OR COUNTY): Mo.

12. MAIDEN NAME OF MOTHER: Gladys Billups

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Scotland Co.
(STATE OR COUNTY): Mo.

14. INFORMANT: Obie S. Wilson
(Address): Monticello, Mo.

15. FILED: Oct 5, 1929 — Chas Otterwell, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 27 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1929, to Sept 27, 1929, that I last saw him alive on Sept 25, 1929, and that death occurred, on the date stated above, at 11 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... 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? .....

(Signed) Drs. Porter & Porter, M. D.
, 19 (Address) Canton 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: Wyaconda — DATE OF BURIAL: Sep 28 1929

20. UNDERTAKER: A. A. Roberts — ADDRESS: La Grange, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.