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

Do not use this space.

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File No. .....

Registered No. 9

1. PLACE OF DEATH
County Carroll
Township Boss Creek
City ..... (No. ..... St. ..... Ward)

Registration District No. 135
Primary Registration District No. 5190

2. FULL NAME James A. Wilts

(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.

FEB 18 1930

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-19-1915

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
	15		8	

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

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

PARENTS

10. NAME OF FATHER William Wiltz
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Illinois
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Tracy E Boehmer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ray County
(STATE OR COUNTRY)

14. INFORMANT F. A. Boehmer
(Address) Carrollton Mo

15. FILED 1-23 1930 Mrs E E Farnham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-22 1930

17. I HEREBY CERTIFY, That I attended deceased from 1-20, 1930, to 1-22, 1930 that I last saw h... alive on 1-22, 1930, and that death occurred, on the date stated above, at 1:30 p.m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Typhoid fever
(duration) ..... yrs. ..... mos. 14 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? No
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W. G. Atwood, M. D.
1/23, 1930 (Address) Carrollton 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	DATE OF BURIAL
Fair Haven	1-24 1930
20. UNDERTAKER	ADDRESS
Willis Bros	Carrollton Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD