

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.

MAR 25 1930

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

Do not use this space.

4088

1. PLACE OF DEATH

County Buchanan
Township.....
City St. Joseph, (No. 2314 Francis St.)

85

Registration District No.....
Primary Registration District No. 1001

File No.....
Registered No. 155
St. Ward)

2. FULL NAME

Thomas J. Wilson

(a) Residence No..... St., Ward. Halls, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 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 Margaret Wilson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 3, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.: 76 2 1

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co., Mo.

10. NAME OF FATHER John Wilson

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs. Iva Beaver (Address) St. Joseph, Mo.

15. FILED 1930 John G. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 4, 1930 19

17. I HEREBY CERTIFY, That I attended deceased from June 6, 1929 to Feb. 3, 1930 that I last saw him alive on Feb. 3, 1930, and that death occurred, on the date stated above, at 10.00 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Myocardial Infarct -
frankly rept.

92A
1326
137 (duration) yrs. mos. ds. CONTRIBUTORY (SECONDARY) Stops Probable. Etna of cereb. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED now NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Obvical (Signed) Frank E. [Signature] M. D. Feb 5, 1930 (Address) Lincoln 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 Sugar Creek Cemetery DATE OF BURIAL Feb. 6, 1930

20. UNDERTAKER Walter Meinhoffer 1302 ADDRESS Paragon St.

11
5
9

FEB 6

