

19 28 1930

Missouri State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

5536

File No. 23
Registered No.
St. _____ Ward _____

1. PLACE OF DEATH

County Lafayette
Township Livingston
City _____ (No. _____)

Registration District No. 461
Primary Registration District No. 5625

2. FULL NAME Robert A. Wilmut

(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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 28 1930

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

17. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1930, to Feb 28, 1930.
that I last saw him alive on Feb 28, 1930, and that death occurred, on the date stated above, at 4:30 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 15-1859

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
82A
97
(duration) yrs. mos. ds.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 5 13

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
74
IF NOT AT PLACE OF DEATH

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

19. DID AN OPERATION PRECEDE DEATH? DATE OF

10. NAME OF FATHER Robert Wilmut

20. WAS THERE AN AUTOPSY?

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

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) [Signature], M. D.

12. MAIDEN NAME OF MOTHER Fabrieille Smith

(Address) Livingston Mo

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

*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.

14. INFORMANT Mrs Robert A Wilmut
(Address) Livingston Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Livingston Mo
DATE OF BURIAL Mar 1 1930

15. FILED Feb 28 1930 J. G. Huddell
REGISTRAR

20. UNDERTAKER Ernest Regert
ADDRESS Livingston

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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