

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

Do not use this space.

6350

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis (No. Alexian Bros)

Registration District No. 791  
Primary Registration District No. 1003

File No. 1105  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Murrell Wilson

(a) Residence. No. 1727 NYS Rd St., 24 Ward. Brentwood 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 4 - 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
34 6 27

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

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

10. NAME OF FATHER Dr. J. H. Wilson

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

12. MAIDEN NAME OF MOTHER Jennie Murrell

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

14. INFORMANT Mrs. Josephine Wilson  
(Address) 1727 NYS Rd Brentwood

15. FILED FEB 1930 Miss Barker REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-1-30

17. I HEREBY CERTIFY, That I attended deceased from January 21, 1930, to February 1, 1930 that I last saw him alive on February 1, 1930, and that death occurred, on the date stated above, at 2 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Internal Hemorrhages from  
Esophageal Varicose Veins  
124  
107A (duration) yrs. mos. ds. 2  
100B CONTRIBUTORY Birchone of liver, time?  
(SECONDARY) Kocha-Gummi (duration) yrs. mos. ds. 2

18. WHERE WAS DISEASE CONTRACTED B

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS Blinjial & Glatofy

(Signed) Bernard H. White M. D.

Feb. 1, 1930 (Address) 3933 S. Broadway

\*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 Natl Cemetery DATE OF BURIAL Feb 4, 1930

20. UNDERTAKER Louis H. Bopp ADDRESS Brentwood 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.

