

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

Do not use this space.

17170

1. PLACE OF DEATH

County St. Genevieve Registration District No. 780
Township _____ Primary Registration District No. 4466
City St. Genevieve (No. _____) St. _____ Ward)

File No. _____
Registered No. 28

2. FULL NAME Lysius Wilson

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 29 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 3 4

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) St. Genevieve
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER William Wilson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Genevieve
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT William J. Wilson
(Address) St. Genevieve Mo

15. FILED May 3 1930 T. W. Douglas REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 3 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1929 to May 3, 1930.
that I last saw h. & m. alive on April 30, 1930, and that death occurred, on the date stated above, at 3:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
230
720 (duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY Chronic Myocarditis
(SECONDARY) (duration) ? yrs. ? mos. ? ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT A PLACE OF DEATH.

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

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) R. L. Lanning, M. D.

5/3, 1930 (Address) St. Genevieve 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 St. Genevieve Mo DATE OF BURIAL 5/5 1930

20. UNDERTAKER John Baxter St. Genevieve Mo ADDRESS

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.

JUN 27 1930

