

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.

OCT 28 1930

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

Do not use this space.

26142

85

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

1. PLACE OF DEATH

County Cedar
Township Repton
City Jefferson (No. _____)

Registration District No. 164
Primary Registration District No. 5529

2. FULL NAME

(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 20 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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF N. E. Wilson
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 20 - 1850
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 11 7

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) Liebert
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Not Known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not Known
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not Known
(STATE OR COUNTRY)

14. INFORMANT Geo Morris
(Address) Jerico Spgo, Mo.

15. FILED 9-29-30 F. M. Davis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-27 1930

17. I HEREBY CERTIFY, That I attended deceased from July 7, 1930, to Aug 27, 1930, that I last saw him alive on Aug 26, 1930, and that death occurred, on the date stated above, at 8 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Liver, involving Gall Bladder

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at Place of Death

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chrical
(Signed) T. A. Crowe, M. D.

, 19 (Address) Greenfield Mo Box 953

*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 Cedar Bluff DATE OF BURIAL 8-28-1930

20. UNDERTAKER W. D. Long ADDRESS Jefferson

Charles Yelton
2111 Hong