

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

Do not use this space.

33099

1. PLACE OF DEATH

County Jackson
Township Naw
City Negros City (No. 2121)

Registration District No. 39.9
Primary Registration District No. UGO 2
St. 637 Ward st

File No. 4330
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Leonidas Baskum Wilson
(a) Residence. No. 2121 E. 37 St. 12 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 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 Ellen Wilson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 10 - 1843

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
87 4 11

B. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Hardware
(c) Name of employer 30th yrs

9. BIRTHPLACE (CITY OR TOWN) Clark Co Ohio
(STATE OR COUNTRY)

10. NAME OF FATHER Joseph Wilson

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

12. MAIDEN NAME OF MOTHER Mary Ann Jones

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

14. INFORMANT Mrs Ellen Wilson
(Address) 2121 E 37

15. FILED 10 19 30 M M Crow REGISTRAR
25 oost

3 MEDICAL CERTIFICATE OF DEATH Wednesday

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 22, 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1928 to Oct 22, 1930
that I last saw him alive on Oct 22, 1930, and that death occurred, on the date stated above, at 3 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic nephritis
131
120B
1102 (duration) 2 yrs mos ds.

CONTRIBUTORY diarrhoea & emphysema
(SECONDARY) (duration) 7 yrs mos ds.

18. WHERE WAS DISEASE CONTRACTED 12th St
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? ✓
(Signed) J. H. Casman, M. D.
1022, 19 30 (Address) 3850 Brooklyn

*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 Denox Iowa DATE OF BURIAL Oct 27 1930

20. UNDERTAKER Elyar Funeral Home 1800 Linwood
ADDRESS _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Every year of information should be carefully supplied.

