WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FEB 23 1931

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

Do not use this space.

173

1. PLACE OF DEATH
10 County Boone — Registration District No. 73 — File No.
Township — Primary Registration District No. 3006 — Registered No. 19
City Columbia (No. ..... St. ..... Ward)

2. FULL NAME Oliver Badger Wilson
(a) Residence. No. 1111 Walnut St. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Mrs O B Wilson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 28, 1858

7. AGE: YEARS 72 — MONTHS 11 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

8. 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): .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

PARENTS
10. NAME OF FATHER: Anthony Wilson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.
12. MAIDEN NAME OF MOTHER: Mrs Anderson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.

14. INFORMANT: Mrs O. B. Wilson
(Address) 1111 Walnut St Columbia Mo

15. FILED 1/27/1931 F. C. Suggett REGISTRAR
by Selby

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1-23-1931

17. I HEREBY CERTIFY, That I attended deceased from ....., 1926, to Jan 23, 1931 that I last saw him alive on Jan 23, 1931, and that death occurred, on the date stated above, at 1 o'clock a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis, chronic
93C
99 (duration) 4 yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Arteriosclerosis
..... (duration) ? yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? physical Exam
(Signed) E. S. Baskett, M. D.
1/26, 1931 (Address) Columbia Mo. E. S. Baskett

*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: Columbia Cemetary — DATE OF BURIAL: 1-25 1931

20. UNDERTAKER: Tom McHarg — ADDRESS: Columbia Mo