

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

Do not use this space.

203
208
11

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.

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95
FEB 18 1931

PLACE OF DEATH

County..... Buchanan Registration District No..... 85
Township..... Primary Registration District No..... 1001
City..... St. Joseph, (No. 1613 Olive St.)

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

2. FULL NAME..... John Burnam Wilson

(a) Residence. No..... St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
Mariah Belle Wilson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 17, 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>73</u>	<u>8</u>	<u>18</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retail Feed & Fuel Dealer.
(b) General nature of industry, business, or establishment in which employed (or employer) Retired 22 yrs.
(c) Name of employer Self.

9. BIRTHPLACE (CITY OR TOWN)..... Pleasanton, Iowa.
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Simeon M. Wilson</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... <u>Unknown</u> (STATE OR COUNTRY) <u>Indiana.</u>
	12. MAIDEN NAME OF MOTHER <u>Marny Whitten</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... <u>Unknown</u> (STATE OR COUNTRY) <u>Ohio.</u>

14. INFORMANT..... Mrs. Mariah B. Wilson
(Address) 1613 Olive St.

15. FILED..... JAN 6 1931
John G. [Signature]
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 5 - 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1931 to Jan. 5, 1931 that I last saw him alive on Jan. 2, 1931, and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Pyelo-Nephritis
Suppurative
133A (duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) 133B (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? Clinical, Urinalysis
(Signed) [Signature], M. D.

Jan. 5, 1931 (Address) 1613 Olive St. St. Joe, 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 <u>Mt. Mora Cemetery</u>	DATE OF BURIAL <u>Jan, 7, 1931</u>
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20. UNDERTAKER <u>Walter Meierhoffer</u>	ADDRESS <u>1302 Faraon St.</u>
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