

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.

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

Do not use this space.

780

FEB 18 1931

PLACE OF DEATH

County Stunthlin  
Township Independence  
City Kenett, Mo. (No. ....)

Registration District No. 288  
Primary Registration District No. 4172

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

2. FULL NAME James F. Wilson

(a) Residence, No. 100 West 6th St., ..... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. .... mos. .... ds. How long in U. S., if of foreign birth? .... yrs. .... mos. .... ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Benesse Proutt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 3 1857

7. AGE YEARS 73 MONTHS 2 DAYS 5 If LESS than 1 day, .... hrs. .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) July 1, 1930 11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

13. NAME James F. Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florence, Ala.

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know 31

17. INFORMANT (ADDRESS) Hettie Wilson  
Kenett Mo

18. BURIAL, CREMATION, OR REMOVAL - Burial  
PLACE Oak Ridge Cem DATE 1-10 1931

19. UNDERTAKER (ADDRESS) Bentz, Suran and Und. Co  
Bentz Topography

20. FILED 1 20 31 Whelton Davis  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-8 1931

22. I HEREBY CERTIFY, THAT I attended deceased from Jan. 1 - 1931, to Jan. 8 - 1931  
I last saw him alive on Jan. 8 1931. Death is said to have occurred on the date stated above, at 3 P. m.  
The principal cause of death and related causes of importance were as follows:

Arterial Sclerosis about one year

Other contributory causes of importance: (none)

Name of operation none Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? (none)

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide or homicide? no Date of injury ..... 19.....  
Where did injury occur? .....  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....  
(Signed) Jan. H. Bonds M. D.  
(Address) Hersersville Mo

