

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.

APR 20 1931

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

Do not use this space.

8659

1. PLACE OF DEATH

County Andrew Registration District No. 8
Township _____ Primary Registration District No. 4012
City Avanzonia (No. _____) St. _____ (Ward)

2. FULL NAME

George Wilderman
(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 4 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 Ellen Wilderman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 16 - 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 8 2

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Labour
(b) General nature of industry, business, or establishment in which employed (or employer) Retired 4 yrs.
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Belleville
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER Albert E. Wilderman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT Mrs. Ellen Wilderman
(Address) Avanzonia, Mo.

15. FILED 3 18 1931 J. W. Holcomb
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar - 18 - 1931
17. I HEREBY CERTIFY, That I attended deceased from Mar - 18 - 1931 to Mar - 18 - 1931
that I last saw him alive on _____ 1931 and that death occurred, on the date stated above, at 8:00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Found in bed -
Died I believe from thrombosis
10370

CONTRIBUTORY (SECONDARY) Unknown
(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) S. S. Dewar M. D.
Mar 18, 1931 (Address) Avanzonia, 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 Graham, Missouri DATE OF BURIAL Mar 20, 1931
20. UNDERTAKER Walter Meierhoffe ADDRESS St. Joseph, Mo.

