

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

Do not use this space.

8930

1. PLACE OF DEATH

County..... Buchanan Registration District No. 84
 Township..... Washington Primary Registration District No. 5127
 City..... St. Joseph, (No. County Infirmary St. Ward)

2. FULL NAME

David Martin Wilson

(a) Residence, No. St. Ward. Rushville, Mo.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. 17 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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lena Wilson</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May, 28, 1858</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>9</u>	DAYS <u>6</u>
If LESS than 1 day, hrs. or min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Farmer /
 (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) Bartholomew Co. Ind. 2

PARENTS

10. NAME OF FATHER Josiah Wilson
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Columbus, Ind.
 12. MAIDEN NAME OF MOTHER Elizabeth Parks
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio.

14.

INFORMANT..... Mrs. M.G. Frakes
 (Address) Rushville, Mo.

15.

Wm. S. Baust REGISTRAR
 APR 27 1931

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar, 4, 1931 19

17. I HEREBY CERTIFY, That I attended deceased from Feb 25 1931, to March 4 1931 that I last saw him alive on 19 1931, and that death occurred, on the date stated above, at 9.30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myo Carditis
93C

CONTRIBUTORY (SECONDARY)

(duration) 1 yrs. mos. ds.
 (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) W. H. Meigs M. D.
Mount. St. Joseph Mo (Address) St Joseph 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 DATE OF BURIAL
Sugar Creek Cemetry Mar, 6, 1931

20. UNDERTAKER ADDRESS
Walter Meinhoff St. Joseph, Mo.
1302 Fernon St.

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.

