

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

Do not use this space.

22097

**1. PLACE OF DEATH**

County Marion Registration District No. 547 File No. \_\_\_\_\_  
 Township X Primary Registration District No. 3079 Registered No. 181  
 City Hannibal (No. Leveering Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME** Thomas C. Wilson

(a) Residence, No. 300 N 5th St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

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 Anna Wilson  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12, 1851  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 2 13  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
 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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co Missouri

13. NAME Alexander K. Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known  
South Carolina

15. MAIDEN NAME Alvira M. Gibson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Co. Missouri

17. INFORMANT Mrs Anna Wilson (wife)  
 (ADDRESS) 300 N 5th St Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Troy, Missouri DATE June 27, 1931

19. UNDERTAKER Oliver M Smith  
 (ADDRESS) 902 Bdwg Hannibal Mo

20. FILED 6/26 1931 O. O. Cousins  
 Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1931, to June 25, 1931  
 I last saw him alive on June 25, 1931. Death is said to have occurred on the date stated above, at 9:45 p.m.  
 The principal cause of death and related causes of importance were as follows:

Protracted Grip Date of onset 1893  
Fell down while working  
1864  
1863  
 Other contributory causes of importance: Arterial Sclerosis 1931

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ 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? \_\_\_\_\_  
 If so, specify O. O. Cousins  
 (Signed) \_\_\_\_\_ M. D.  
 (Address) Hannibal Mo

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.

JUL 25 1931

30 - 18 - 26  
64 - 8 - 6  
66 - 10 - 20