

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

Do not use this space.

25206

399

1. PLACE OF DEATH

County Jackson
Township Ross
City Rivers City (No. Rivers City Board of Health) St. _____ Ward _____

Registration District No. _____
Primary Registration District No. 1002

File No. _____
Registered No. _____

2. FULL NAME

Wilson, James (James Wilson)
(a) Residence. No. 514 Newton St. 10 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 Julia Wilson (874)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-4-1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 57 1 21

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work retired
(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) Missouri

10. NAME OF FATHER Henry Wilson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Rodice Leagus

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT Robert Baker
(Address) Rivers City, Miss. Hosp

15. FILED 7/25/31 M. M. Craub REGISTRAR
Date Filed _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-25-1931

17. I HEREBY CERTIFY, That I attended deceased from 7-14-, 1931, to 7-25-, 1931 that I last saw him alive on 7-25-, 1931, and that death occurred, on the date stated above, at 3:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis

2319
(duration) _____ yrs. _____ mos. _____ ds.

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

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

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R. C. Willard M. D.
7-25-1931 (Address) Supr. K. C. Genl. Hosp

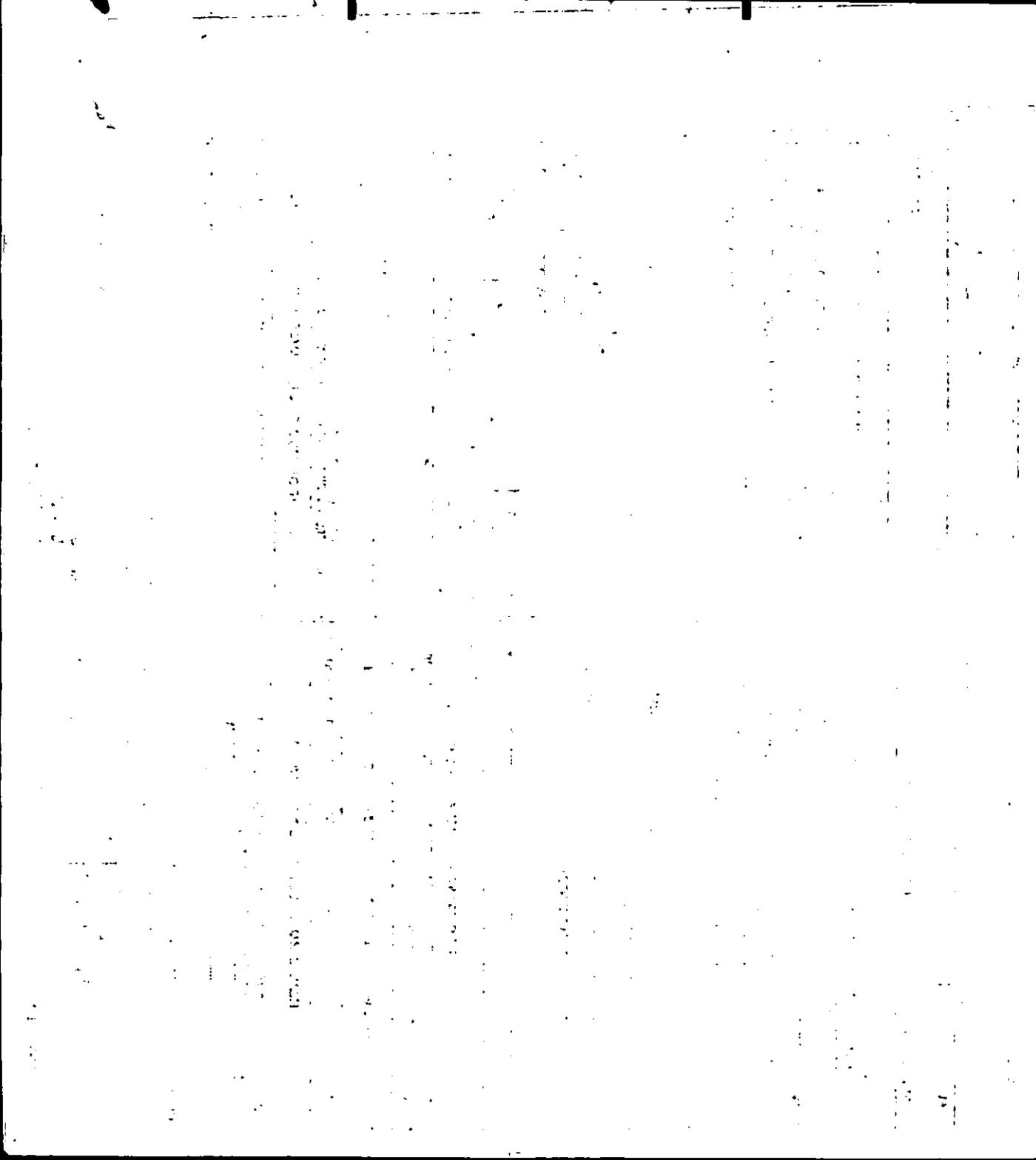
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Washington DATE OF BURIAL July 27 1931

20. UNDERTAKER Edw. B. Kaputina ADDRESS R. C. Mo

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.



S-25706 July 25-1931