

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

Do not use this space.

26469

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1008**
 City **St. Louis, Mo.** (No. **St. Lukes Hosp.**)

File No.
 Registered No. **7620**
 St. Ward)

2. FULL NAME

(a) Residence, No. **5712 Osbarnne Ave.** Ward. **5**
 (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 Kate Willson.		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30, 1893		
7. AGE	YEARS	MONTHS
	38.	2
		DAYS
		7
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney.	
	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) Nevada, Mo.		
FATHER	13. NAME Geo. C. Willson.	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.	
MOTHER	15. MAIDEN NAME Ellen M. Bryan.	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.	
17. INFORMANT (ADDRESS) Geo. C. Willson Jr 16 Thornby Plc.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Nevada, Mo. DATE 7-8-1931		
19. UNDERTAKER (ADDRESS) C. R. Lupton & Sons 4449 Olive St.		
20. FILED 7-13-31 W. C. Hatter Registrar.		

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 7th, 1931.**

22. I HEREBY CERTIFY, That I attended deceased from **July 1st, 1931, to July 7, 1931**
 I last saw him alive on **July 7, 1931.** Death is said to have occurred on the date stated above, at **6:15 a.m.**
 The principal cause of death and related causes of importance were as follows:
Peritonitis
1218
127
121
 Other contributory causes of importance: **anti appendicitis**
7/1/31

Name of operation **appendectomy** Date of **7/2/31**
 What test confirmed diagnosis? **clinical** Was there an autopsy? **no**

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? **no**
 If so, specify
 (Signed) **S. P. Gay**, M. D.
 (Address) **908 Bramm Bldg.**

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.

MARGIN RESERVED FOR BINDING

S. NO. 2.

Dr. K. H. Hays -
Ar
3720 W. Washington