

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

Do not use this space.

28911

1. PLACE OF DEATH

County New Madrid
Township 1
City 1 (No. 1)

Registration District No. 604
Primary Registration District No. 3802

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mathus Wilson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 2nd 1852</u>		
7. AGE	YEARS <u>39</u>	MONTHS <u>2</u>
	DAYS <u>14</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	_____
	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
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Madrid Mo</u>	
	13. NAME <u>Charley Wilson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Louisville Ky.</u>	
	15. MAIDEN NAME <u>Harriet Wilson</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Madrid Mo</u>	
	17. INFORMANT <u>Gertrude Hicks</u> (ADDRESS) <u>New Madrid Mo</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>East St. L</u> DATE <u>8/18</u> 19 <u>31</u>	
19. UNDERTAKER (ADDRESS) <u>Richard Hicks</u>		
20. FILED <u>8/18</u> 19 <u>31</u> <u>J. W. Garrison</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-17 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1920, to Nov 19, 1931
I last saw ~~him~~ alive on 8 15, 1931. Death is said to have occurred on the date stated above, at 4:25 p.m.
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
Mitral Valve Lesion
HTA
Other contributory causes of importance:
HTA

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) [Signature], M. D.
(Address) New Madrid 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.

SEP 4 1931

