

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

Do not use this space.

40294
~~40204~~

1. PLACE OF DEATH

County Callaway Registration District No. 104
Township Fullton Primary Registration District No. 3008
City Fullton (No. _____) St. _____ (Ward)

File No. _____

Registered No. 249

2. FULL NAME

Prizey Wilson
(a) Residence, No. Springfield, Mo. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 6 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Maggie Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS 53 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

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) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT Records State Hospital No. 1 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Springfield Mo DATE Dec. 9 31

19. UNDERTAKER Herbert V. Smith (ADDRESS) 421 - E. Pine Springfield, Mo.

20. FILED Dec 8 1931 R. M. S. Moore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5 1931

22. I HEREBY CERTIFY, That I attended deceased from July 9 1931 to Dec 2 1931

I last saw him alive on Dec 9 1931. Death is said to have occurred on the date stated above, at 195 m.

The principal cause of death and related causes of importance were as follows:

Central Nervous System Date of onset _____
Syphilis
349
1113 34

Other contributory causes of importance: Terminal Pneumonia

23. Name of operation _____ Date of _____

What test confirmed diagnosis? Lab. 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) J. S. Gaffney, M. D.

(Address) Fullton 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.

JAN 19 1932

