

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

Do not use this space.

43245

1. PLACE OF DEATH  
 County Worth Registration District No. 904  
 Township Lincoln Primary Registration District No. 4546  
 City Sheridan (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward \_\_\_\_\_)

2. FULL NAME Sanford Lee Wilson  
 (a) Residence, No. \_\_\_\_\_ 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 M 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 Bessie Wilson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 21, 1893

7. AGE YEARS	MONTHS	DAYS	IT LESS than 1 day, _____ hrs. or _____ min.
58	9	7	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Retired farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Fremont County, Ia.  
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Jeremiah Wilson

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

12. MAIDEN NAME OF MOTHER Sharp

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

14. INFORMANT Mrs. L. T. Wilson  
 (Address) Sheridan, Mo.

15. FILED Dec 31, 1931 Mrs. Loicen J. Boyd  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 28 - 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1931, to Dec 28, 1931, that I last saw him live on Dec 28, 1931, and that death occurred, on the date stated above, at 10:30 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
exhaustion  
46 B

(duration) \_\_\_\_\_ yrs. 6 mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) carcinoma of stomach  
46 B (duration) \_\_\_\_\_ yrs. 6 mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
46 B IF NOT AT PLACE OF DEATH at place of death

DID AN OPERATION PRECEDE DEATH? yes DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? symptoms following operation  
 (Signed) Al. Long M. D.

, 19 \_\_\_\_\_ (Address) Sheridan

\*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 Luteston Cemetery DATE OF BURIAL 12/31, 1931

20. UNDERTAKER Long & Boyd, Sheridan, Mo. ADDRESS \_\_\_\_\_

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

X. 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.

R. L. 211 + Albany.  
108. 8. 54  
End of file.