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.

MAR 3 1932

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

Do not use this space.

887

1. PLACE OF DEATH

46 County Howell — Registration District No. 384 — File No. 5

3 Township " — Primary Registration District No. 4227 — Registered No.

4 City West Plains (No. , St. Ward)

2. FULL NAME William Sheldon Wilbur

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 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~~: EFFIE KELLETT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov., 26, 1866

7. AGE 65 YEARS | 1 MONTHS | 17 DAYS | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper and Salesmen 251
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Reed-Harlin Wholesale Gro.
10. Date deceased last worked at this occupation (month and year) Jan. 9, 1932
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wisconsin 2

FATHER

13. NAME: Jacob Wilbur
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York State

MOTHER

15. MAIDEN NAME: Eliz. Webster
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York State

17. INFORMANT (ADDRESS): Mrs W. S. Wilbur West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Lawn DATE Jan 15, 1932

19. UNDERTAKER (ADDRESS): Hal Thornburgh West Plains, Mo.

20. FILED 1-15-1932 O. P. A. Heinrich. Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1932, to Jan 13, 1932

I last saw him alive on Jan 13, 1932. Death is said to have occurred on the date stated above, at 12 30 p.m.

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

	Date of onset
Acute Hemorrhage of Duodenal Ulcer	1-8-32
117B	
123B	
103B	

Other contributory causes of importance:

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 ..... (1)

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) E. Claude Bohrer, M. D.

(Address) West Plains, Mo.

1-14-32