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

Do not use this space.

1317

File No.

Registered No. 9 EE 000

1. PLACE OF DEATH
County: Jackson
Township: Raw
City: K. C. (No. 720, Bennington St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME: Robert F. Wilson
(a) Residence, No. 720 Bennington 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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widowed

5A. IF ~~MARRIED~~, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE~~ OF: Belle Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 17, 1859

7. AGE: YEARS 72 | MONTHS 4 | DAYS 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired grocer
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): Ohio

FATHER
13. NAME: Do not know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Do not know

MOTHER
15. MAIDEN NAME: Do not know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Do not know

17. INFORMANT: Mrs. Paul Apfeld
(ADDRESS): 720 Bennington

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Hast DATE: Jan 30, 1932

19. UNDERTAKER: C. H. Blackman & Son
(ADDRESS): 2825 Independence Blvd

20. FILED: 1-29, 1932 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 28, 1932

22. I HEREBY CERTIFY That I attended deceased from Dec. 29, 1931, to Jan. 27, 1932
I last saw him alive on Jan. 27, 1932. Death is said to have occurred on the date stated above, at 2 p. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 12-29-31
82 F
97 $2 A

Other contributory causes of importance:
Arteriosclerosis

Name of operation: none Date of:
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) N. Comsey Anderson, M. D.
(Address) 6520 Indep. Ave.

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 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impor