

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

Do not use this space.

2058

1. PLACE OF DEATH
 County Butte Registration District No. 689
 Township Buffalo Primary Registration District No. 3033
 City Lansdowne (No. Memphis 8 15) St. 3 Ward 5

2. FULL NAME Howard Paul Wilson
 (a) Residence, No. Memphis 8 E St. 3 Ward 5
 (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)** Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 10 - 1932

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
5 5 5

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**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Ashburn Mo

13. NAME Charlie Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Van Buren Co, Iowa

15. MAIDEN NAME Hilbert Phillips
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Ill

17. INFORMANT Charlie Wilson
 (ADDRESS) Ashburn

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Dayton High School DATE Jan 16 1933

19. UNDERTAKER W. H. Busa
 (ADDRESS) Lansdowne Mo

20. FILED 1-15 1933 J. C. Hays Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-15 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-14 1933 to 1-15 1933
 I last saw him alive on 1-14 1933 Death is said to have occurred on the date stated above, at 12:20 A.M.
 The principal cause of death and related causes of importance were as follows:
Lobar pneumonia
 Other contributory causes of importance:
Whooping cough

Name of operation None Date of
 What test confirmed diagnosis? EL Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicidal? No 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 None
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) W. H. Busa, M. D.
 (Address) Lansdowne Mo

WHITE PEARL INK 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.

FEB 25 1933
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