

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

Do not use this space.

3558

1. PLACE OF DEATH

County WASHINGTON
Township BRETON
City (No. St. Ward)

Registration District No. 887
Primary Registration District No. 6179

File No. _____
Registered No. 2

2. FULL NAME

THOMAS EDWARD 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/14/1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 10 18

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Farmer
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) Terre Haute Ind

13. NAME Robert Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terre Haute Ind

15. MAIDEN NAME Betty Rayne

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terre Haute Ind

17. INFORMANT Albert Wilson (ADDRESS) 502 S. 1st St. Terre Haute Ind

18. BURIAL, CREMATION, OR REMOVAL PLACE BUNKER HILL Cem. DATE 1-6-32

19. UNDERTAKER (ADDRESS) J. B. BOYER & SON POTOMI, MO.

20. FILED 1-5-32 Jos. L. Thurman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-4-1932

22. I HEREBY CERTIFY, That I attended deceased from 1-4-1932, to 1-4-1932, 1932
I last saw him alive on 1-4-1932, 1932 Death is said to have occurred on the date stated above, at 9:15 P. M.
The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis
131

Other contributory causes of importance:
131 (1)

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____
(Signed) Jos. L. Thurman, M. D.
(Address) Potomac, 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.

FEB 25 1932

