

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

Do not use this space.

5213

1. PLACE OF DEATH

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County Laclede
Township Suitts
City _____ (No. _____)

Registration District No. 277
Primary Registration District No. 5611

File No. _____
Registered No. 2
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St., _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 11 1858

7. AGE YEARS 73 MONTHS 4 DAYS 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Yarnier

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) 1931 11. Total time (years) spent in this occupation 70

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede Mo.

13. NAME James Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Hillie Ann Kippy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Sarah Jane Wilson (ADDRESS) Richland Mo. R.A.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wilson Cemetery DATE 2-24-32

19. UNDERTAKER A. B. Jurek (ADDRESS) Richland Mo.

20. FILED 4-1 1931 L. E. Crawford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-24-32 1932

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

I last saw him alive on Feb 22, 1932. Death is said to have occurred of the date stated above, at 10:30 P.M.

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

Other contributory causes of importance:
Pneumonia Bronchial

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy 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) W. P. Peabins, M. D.

(Address) Standard Mo.

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.

APR 27 1932

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