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.

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

Do not use this space.

File No. 7444

Registered No. 242

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: ... — Primary Registration District No. 1001

City: St. Joseph, ~~s Hospital~~ pro (No. Police Ambulance Enroute Mo Methodist Hospital Ward)

2. FULL NAME: Charles J Wilson

(a) Residence, No. 615 south 6 st. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred: UNKNOWN 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*): Unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): About 1873

7. AGE: Years 59 | Months UNKNOWN | Days | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Scavenger 237

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): Unknown Unknown 31

FATHER

13. NAME: Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Coroner Investigation St Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~: City Cemetery
PLACE: St Joseph Mo. DATE: March 14, 1932

19. UNDERTAKER (ADDRESS): A. L. Siedenladen 1802 Union st St Joseph Mo.

20. FILED: MAR 14 1932 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 5th, 1932

22. I HEREBY CERTIFY, That I ~~attended~~ VIEWED deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 12/55 pm

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

	Date of onset
Hemorrhage of Lungs	
Pa 23	
2 mo	

Other contributory causes of importance: pulmonary Tuberculosis

Name of operation: None Date of ...

What test confirmed diagnosis? History 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) B. W. Tadlock Coroner M. D.

(Address) 821 Francis