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

Do not use this space.

1. PLACE OF DEATH
County: Clay (24)
Township: Liberty (5)
City: Liberty (4)
Registration District No. 201
Primary Registration District No. 3012
File No. 7806
Registered No. 35
(No. ..... St. ..... Ward)

2. FULL NAME: Alonzo W. Wilsoff
(a) Residence, No. 2 Lathrop 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.

APR 25 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widower.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ella Wilsoff.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10-16-1835
7. AGE: Years 96 Months 5 Days 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home.
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: (1)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio. U. S.

FATHER
13. NAME: William W. Wilsoff.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio.

MOTHER
15. MAIDEN NAME: Nancy Simnard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio.

17. INFORMANT (ADDRESS): Ralph Wilsoff. Liberty Mo.
18. BURIAL, CREMATION, OR REMOVAL: Mt. Molina Liberty Mo. DATE 3-28- 1932
19. UNDERTAKER (ADDRESS): Marvin Wessel. Liberty Mo.
20. FILED APR 10 1932 Wm. L. Gordon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 26, 1932.
22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to March 26, 1932.
I last saw him alive on March 18, 1932. Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Old age	
11 B	11 B
12	

Other contributory causes of importance:
Influenza a year ago & never recovered his vigor

Name of operation ..... Date of
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? (1) 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) John H. Rothwell, M. D.
(Address) Liberty, 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.