

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.

MAY 28 1932

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

Do not use this space.

13696

1. PLACE OF DEATH  
93 County St. Clair Registration District No. 765  
Township Osceola Primary Registration District No. 6266  
City (No. ....) St. .... Ward (No. ....)

2. FULL NAME Mark Wildrick

(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. 1 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
67 8 7

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farming

10. Date deceased last worked at this occupation (month and year) April 1932 11. Total time (years) spent in this occupation know

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Anton Co. - 2 Penn.

13. NAME Philip Wildrick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

15. MAIDEN NAME Matilda / don't know

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

17. INFORMANT (ADDRESS) Archie Meridith

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Osceola DATE April 6, 1932

19. UNDERTAKER (ADDRESS) D. S. Hill Osceola Mo.

20. FILED May 10, 1932 Ruth Seewers Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from March - 1932 to April 5, 1932  
I last saw him alive on April 3, 1932 Death is said to have occurred on the date stated above, at 12 noon  
The principal cause of death and related causes of importance were as follows:  
mitral insufficiency Date of onset 92A 92 U

Other contributory causes of importance: general debility

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? X 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 X  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify Ruth Seewers, M. D.  
(Signed) Ruth Seewers  
(Address) Osceola Mo.

