

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

Do not use this space.

16062

**1. PLACE OF DEATH**

County Jackson Registration District No. BEE  
 Township New Primary Registration District No. Madison  
 City Kansas City (No. 2841) St. Madison Ward

File No. \_\_\_\_\_  
 Registered No. 1853  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 2841 Madison 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<br><u>M</u>   | 4. COLOR OR RACE<br><u>W</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF |   |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 3-1881</u>    |   |  |
| 7. AGE   | YEARS<br><u>51</u>  | MONTHS<br><u>0</u>   |
|  | DAYS<br><u>1</u>  | If LESS than 1 day, _____ hrs. or _____ min.                               |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Chgo Ry Co</u> |  |
|  | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>128</u>                 |  |
|  | 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) Mo

FATHER 13. NAME Hilton Wilson

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Mary Ray

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Walter R Wilson  
(ADDRESS) 2841 Madison

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Not Washington DATE May 6 1932

19. UNDERTAKER Mrs C R Foster  
(ADDRESS) 718 Broadway KC Mo

20. FILED May 5 1932 M. M. Crowe  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

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

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

I last saw him alive on \_\_\_\_\_, 1932. Death is said

to have occurred on the date stated above, at 10:40 a.m.

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

Myocardial Infarction Date of onset \_\_\_\_\_  
96 96  
 Other contributory causes of importance:  
(7)

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 \_\_\_\_\_, 1932

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) Charles H. Hall, M. D.

(Address) Madison

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

