

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

Do not use this space.

19476

1. PLACE OF DEATH

County JACKSON
Township KAW
City KANSAS CITY (No. 7209)

Registration District No. 399
Primary Registration District No. 3002
AGNES

File No. _____
Registered No. 2280
St. _____ Ward _____

2. FULL NAME SAMUEL F. WILSON

(a) Residence, No. HEAVNER, OKLAHOMA St. _____ Ward _____
(Usual place of abode) ABOUT (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 2 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) WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED: HUSBAND OF (OR) WIFE OF SARAH HUFFMAN WILSON
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DECEMBER-1-1886
7. AGE YEARS 76 MONTHS 6 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE
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) BEAVER DAM (STATE OR COUNTRY) OHIO
13. NAME SAMUEL WILSON
14. BIRTHPLACE (CITY OR TOWN) IRELAND (STATE OR COUNTRY) _____
15. MAIDEN NAME HENRIETTA FREET
16. BIRTHPLACE (CITY OR TOWN) PENNSYLVANIA (STATE OR COUNTRY) _____
17. INFORMANT MRS. WINIFRED H. SCOTT (ADDRESS) 2814 ASKEW AVE
18. BURIAL, CREMATION, OR REMOVAL PLACE MT. WASHINGTON DATE JUNE-7 1932
19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI
20. FILED June 6 3rd 1932 Registrar _____

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE-5 1932
22. I HEREBY CERTIFY, That I attended deceased from April 1 1932 to June 5 1932
I last saw him alive on June 4 1932 Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset May 17 32
94A 94B
Other contributory causes of importance: Angina Pectoris ①

Name of operation _____ Date of _____
What test confirmed diagnosis? sm 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? mt
If so, specify _____
(Signed) Caro J. Adams M. D.
(Address) 1018 Commercial St.

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.

Mr. Carl A. Jackson
518 Commerce Bldg.
12-4