

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

Do not use this space.

23255

**1. PLACE OF DEATH**

54 County Lafayette Registration District No. 460  
5 Township Davis Primary Registration District No. 4274  
4 City Higginsville, (No. .... St. .... Ward)

**2. FULL NAME** William George Wilmot

(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. 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) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Hattie Wilmot

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26th 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	75	10	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Filling Station Owner and Operator  
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) Lexington Mo. 1

13. NAME Robert Wilmot

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2

15. MAIDEN NAME Gabriel Smith

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

17. INFORMANT (ADDRESS) W. H. Walker Higginsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lexington DAY 7/12/32

19. UNDERTAKER (ADDRESS) A. N. Hader Higginsville, Mo.

20. FILED 7-10-1932 Dr. W. A. Braecklein Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1932 to July 10, 1932  
I last saw him alive on July 10, 1932 Death is said to have occurred on the date stated above, at 6:09 a.m.  
The principal cause of death and related causes of importance were as follows:  
Heart Failure (Aortic Dilatation)  
Other contributory causes of importance: Atherosclerosis

Name of operation None Date of .....  
What test confirmed diagnosis? None 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 None  
(Signed) Dr. W. A. Braecklein, M. D.  
(Address) Higginsville, Mo.

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.

FILED 25 1932

