

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.

MAY 29 1932

*By Law 51*

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

Do not use this space.

1. PLACE OF DEATH  
 108 County Verdon Registration District No. 876  
 Township Lake Primary Registration District No. 6164  
 City Verdon Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Byron Wilson  
 (a) Residence, No. Lake Township 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.

File No. 31262  
 Registered No. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Wilson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 12 - 1857</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>2</u>	DAYS <u>12</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>Farmer</u>	
	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) <u>1931</u>	
11. Total time (years) spent in this occupation <u>35</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Milan Indiana</u>		
FATHER	13. NAME <u>Thomas Wilson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> 51	
MOTHER	15. MAIDEN NAME <u>Lavinia Bouldrey</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Melvin E. Wilson</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Deerfield Cemetery</u> DATE <u>Sept. 28</u> 19 <u>32</u>		
19. UNDERTAKER <u>Allen V. Hoyt</u> (ADDRESS) <u>Nevada</u> <u>Missouri</u>		
20. FILED <u>Nov. 10</u> 19 <u>32</u> <u>Nettie Richards</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 12 1932 to Sept 27 1932  
 I last saw him alive on Sept 15 1932 Death is said to have occurred on the date stated above, at 2 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Acute Myocarditis Date of onset 93A  
162 93A  
 Other contributory causes of importance:  
Advanced age ①

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Chap. Exam 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 \_\_\_\_\_  
 (Signed) J. N. Koon M. D.  
 (Address) Nevada Mo.

