

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

Do not use this space.

33247

1. PLACE OF DEATH

85 County Polk Co.
Township Rolla
City _____ (No. _____)

Registration District No. 713
Primary Registration District No. 5942

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

2. FULL NAME

Robert Edward Wilson

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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 Myrtle Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9th / 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>69</u>	<u>8</u>	<u>19</u>	

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) 1930 11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME James H. Wilson

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

15. MAIDEN NAME Myrtle Bradford

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

17. INFORMANT R. E. Wilson
(ADDRESS) Wagonville

18. BURIAL, CREMATION, OR REMOVAL PLACE Bradford DATE 10/30 1932

19. UNDERTAKER J. T. Rogers & Sons
(ADDRESS) Wagonville

20. FILED 10/29 1932 C. A. Talbot
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 25th 1932

22. I HEREBY CERTIFY, That I attended deceased from here 1932, to Oct 25 1932

I last saw him alive on Oct. 24 1932 Death is said

to have occurred on the date stated above, at 8 A m.

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

Coronary Thrombosis
and myocardial infarction
53
Other contributory causes of importance: 1

Name of operation None Date of _____
What test confirmed diagnosis? Physic 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 ✓ 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? No

If so, specify C. A. Talbot

(Signed) C. A. Talbot M. D.
(Address) Wagonville

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.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Quilake
Township Cullen
City No.

Registration District No. 713
Primary Registration District No. 5942

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. Robert Edward Wilson St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, ... hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
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)
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE, 19..

19. UNDERTAKER (ADDRESS)

20. FILED 10/29 1932 C. J. Talbot Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28 1932

22. I HEREBY CERTIFY, That I attended deceased from, to, 19....

I last saw him alive on, 19.... Death is said to have occurred on the date stated above; at, m.

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

Cerebral hemorrhage 2 days before death (Lung emb.)
Date of onset

Other contributory causes of importance: 450

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, 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?
If so, specify

(Signed), M. D.
(Address)

TE PLAINLY, WITH UNFADING INK--THIS IS A

N. B. Information should be carefully stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH should be stated in plain terms, so that it may be classified. Exact statement of OCCUPATION is very important.

REG. FEE NOT RECEIVE A FEE FOR COPY. FEE UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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