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.

JAN 5 1933

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

Do not use this space.

38064

1. PLACE OF DEATH

103 County Stoddard — Registration District No. 838 — File No.

Township — Primary Registration District No. 6098B — Registered No. 63

City ..... (No. ..... , ... St. ..... Ward)

2. FULL NAME James Douglas Wilson

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11-13-1932

7. AGE: YEARS 0 — MONTHS 0 — DAYS 0 — If LESS than 1 day, 1 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant
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): Dexter Mo 1

FATHER

13. NAME: Robert E Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fairfield Ill. 2

MOTHER

15. MAIDEN NAME: Lula Dora Hobbs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Swinton Mo

17. INFORMANT (ADDRESS): Robt. E. Wilson Dexter Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Swinton Mo DATE: 11/14/ 1932

19. UNDERTAKER (ADDRESS): Morgan Funeral Home Dexter Mo.

20. FILED: 11/14/ 1932 F. LaRue Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-14- 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-14- 1932 to 11-14- 1932

I last saw him live on 11-14- 1932 Death is said to have occurred on the date stated above, at 12/30 a.m.

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

Total dystocia. Very large child. Forceps delivery.

Date of onset

160B

Other contributory causes of importance:

160B

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) Frank LaRue, M. D.

(Address) Dexter Mo