

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

Do not use this space.

1. PLACE OF DEATH

42 County Lewy
Township Lewy Creek
City _____ (No. _____)

Registration District No. 347
Primary Registration District No. 5491

File No. 39407
Registered No. 119
St. _____ Ward _____

2. FULL NAME

Louis Riley Wilson

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Julia Ann Wilson</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Mar 4-1859</u>				
7. AGE	YEARS <u>73</u>	MONTHS <u>9</u>	DAY <u>24</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____				

9. BIRTHPLACE (CITY OR TOWN) Arkansas
(STATE OR COUNTRY) 2

PARENTS	10. NAME OF FATHER <u>John Wilson</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Don't know</u> (STATE OR COUNTRY) <u>31</u>
	12. MAIDEN NAME OF MOTHER <u>Martha Ferguson</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Don't know</u> (STATE OR COUNTRY)

14. INFORMANT Ola Wilson
(Address) Clinton Mo

15. FILED 1-3 1933 Ed C. Peelor
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1. 1
16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec-28-32 1932
17. I HEREBY CERTIFY, That I attended deceased from Aug 27- 1932 to Dec 27 1932 that I last saw him alive on Dec 26 1932, and that death occurred, on the date stated above, at Dec-28 5:45 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of liver
40E
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 46E
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at place of death
DID AN OPERATION PRECEDE DEATH? no DATE OF _____

19. WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical signs
(Signed) A. R. Smith, M. D.
, 19 _____ (Address) Zeneca, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Victoria Grove Cem DATE OF BURIAL 12-29 1932
20. UNDERTAKER A. R. Smith ADDRESS Zeneca 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.

JAN 23 1933

