

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.

MAR 3 1933

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

1364 *1364*
Do not use this space.

2664

1. PLACE OF DEATH

80 County *Peters*
4 Township
8 City *Sedalia*

Registration District No. *668*
Primary Registration District No. *3032*
(No. *Bairdwell Hosp*)

File No. _____
Registered No. *27*
St. *109* Ward

2. FULL NAME

Brooks Wilson

(a) Residence, No. *Green Ridge #2* 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 <i>M</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Lena Wilson</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec 30 1868</i>		
7. AGE <i>64</i>	YEARS <i>0</i>	MONTHS <i>21</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Farmer</i>		11. Total time (years) spent in this occupation
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)		

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo</i>
	13. NAME <i>Brooks Wilson</i>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo</i>
	15. MAIDEN NAME <i>Margaret Wright</i>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo</i>
	17. INFORMANT (ADDRESS) <i>Wright, J. L. Green Ridge</i>
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Green Park</i> DATE <i>1/23</i> 19 <i>33</i>	
19. UNDERTAKER (ADDRESS) <i>Lillegren Funeral Home Sedalia, Mo</i>	
20. FILED <i>1-23, 1933</i>	

Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 21, 1933*
22. I HEREBY CERTIFY that I attended deceased from *Jan 8* 1933 to *Jan 21* 1933
I last saw him alive on *Jan 21* 1933 Death is said to have occurred on the date stated above, at *9304* m.
The principal cause of death and related causes of importance were as follows:

Carcinoma Stomach
468 4 (6) 3
9304
Other contributory causes of importance:
Acute Gastritis

Date of onset
1932

Name of operation *none* Date of _____
What test confirmed diagnosis? *X-Ray* 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) *W. B. Beckenham*, M. D.
(Address) *Sedalia Mo*

