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.

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

Do not use this space.

4227

File No. 1645

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 201 [illegible]

Township ..... Primary Registration District No. .....

City ..... (No. 909 N 23 St. ..... Ward)

2. FULL NAME Eldred R Wilson

(a) Residence, No. 909 N 23 St., 21 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Cal	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3 1900

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	32	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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) Galatin Mo

FATHER

13. NAME Eugene Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tulsa Okla.

MOTHER

15. MAIDEN NAME Louise Williams

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

17. INFORMANT (ADDRESS) Rose Wilson 3129 Morgan

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dixon DATE 2-1 1933

19. UNDERTAKER (ADDRESS) American Fuel Home 3444 Pine

20. FILED FEB 17 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan/29 1933 to Jan/31 1933

I last saw him alive on Jan/29/33 19.. Death is said to have occurred on the date stated above, at 11 45 P.M.

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

	Date of onset
Chronic Myocarditis	1Yr.
131	
930	
131	

Other contributory causes of importance:

Chronic Parenchymatous Nephritis	2Yrs.

Name of operation Urinalysis Date of .....

What test confirmed diagnosis? ..... 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 L Moore, M. D.

(Address) 1336 FRANKLIN, ST. LOUIS MO