

WRITE PLAINLY, IN 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.

5514

1. PLACE OF DEATH
 County Hickory Registration District No. 361
 Township Crossroads Primary Registration District No. 5506
 City Crossroads St. _____ Ward _____
 Registered No. 3

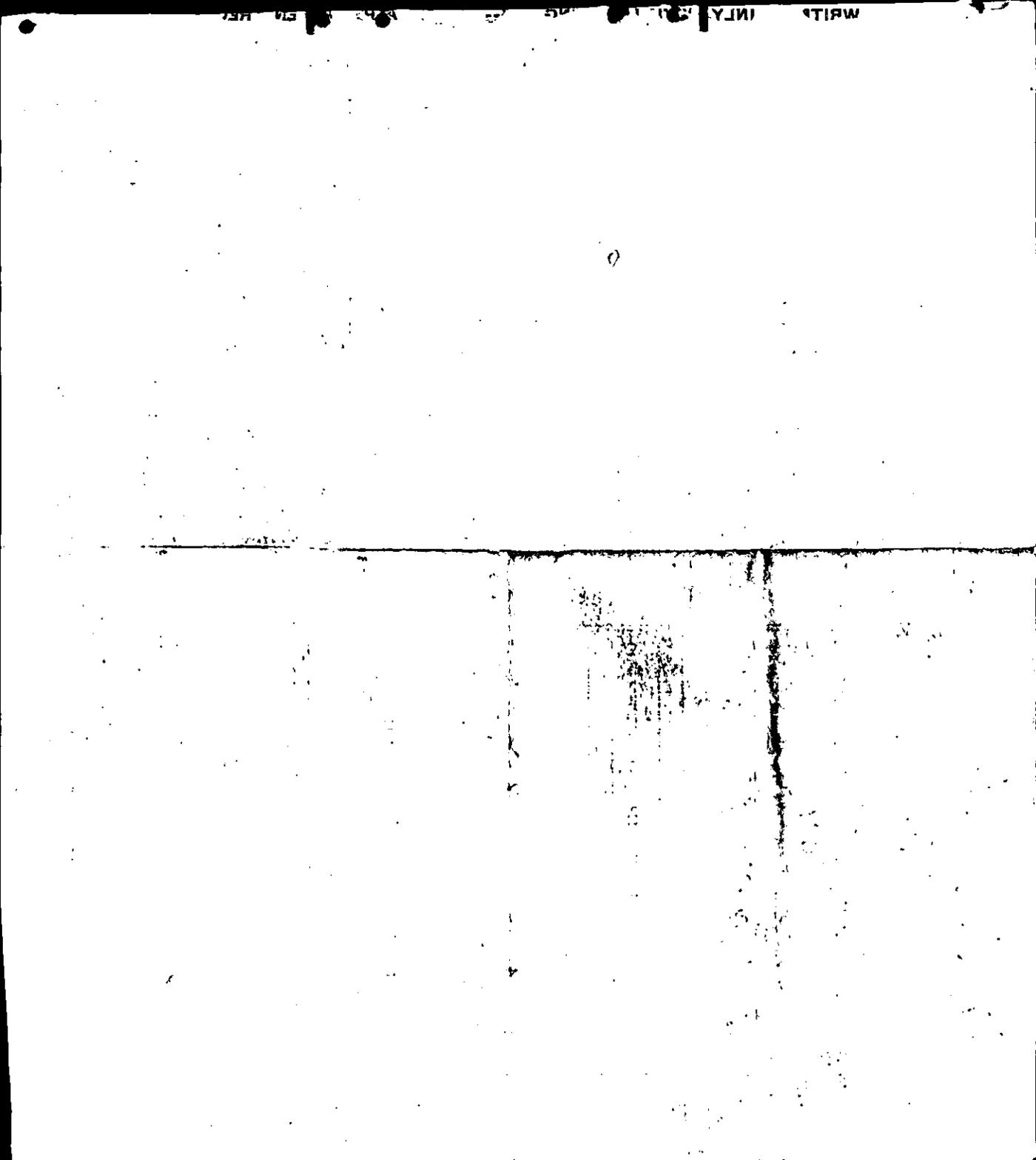
2. FULL NAME Wm. A. Wilson
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. MARRIED SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kathleen Wilson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 9 19
 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. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. full
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York
 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT Dennis Wilson (ADDRESS) Crossroads
 18. BURIAL, CREMATION, OR REMOVAL PLACE Crossroads DATE Feb 24, 1933
 19. UNDERTAKER J. R. Tucker (ADDRESS) Crossroads
 20. FILED Feb 24, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23, 1933
 22. I HEREBY CERTIFY, That I attended deceased from Dec 19 to Dec 24, 1932
 I last saw him alive on Dec 24, 1932 Death is said to have occurred on the date stated above, at 7 p.m.
 The principal cause of death and related causes of importance were as follows:
Acute Nephritis & Stenosis
131 131
 Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Biopsy 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? No (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) L. A. Hesse M.D., M. D.
 (Address) Hermitage, Mo.



5-5511