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

Do not use this space.

10307

64 1. PLACE OF DEATH
County Marion — Registration District No. 547 — File No.
Township Mason — Primary Registration District No. 3029 — Registered No. 93
8 City Hannibal (No. St Elizabeth Hospital St. Ward)

1 2. FULL NAME James Allen Wilson
(a) Residence, No. 2209 W. Gordon 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4th. 1930

7. AGE: YEARS 2 — MONTHS 5 — DAYS 10 — If LESS than 1 day, ...hrs. or ....min.

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

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

FATHER
13. NAME Glenn Wilson
2 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER
15. MAIDEN NAME Susie Man
1 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Mr. Barni Wilson
(ADDRESS) 519 W. Gordon

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hydesburg DATE 3/15/33 19

19. UNDERTAKER James O'Donnell
(ADDRESS) Hannibal, Mo

20. FILED 3/17 1933 C Elousius
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 13, 1933, to Mar 14, 1933
I last saw him alive on Mar 14, 1933. Death is said to have occurred on the date stated above, at 5 40 a.m.
The principal cause of death and related causes of importance were as follows:

Bilateral lobar pneumonia — Date of onset

108 108

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clin 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?
If so, specify
(Signed) John Kuchman M.D.
(Address) 1001 Bdwy Hannibal Mo.

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.

V. S. No. 2

MARGIN RESERVED FOR BINDING

APR 24 1933