

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

Do not use this space.

12937

**1. PLACE OF DEATH**

38 County Fleming Registration District No. 314  
 Township Cash Primary Registration District No. 4190  
 City Stauberry (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
 Registered No. 7

22 FULL NAME David C. Wilmore

(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>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Josia Wilmore</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 29, 1846</u>		
7. AGE	YEARS <u>86</u>	MONTHS <u>5</u>
	DAYS <u>23</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired R. R. (machinist)</u>	
	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) <u>1922</u>	
	11. Total time (years) spent in this occupation <u>47 yrs</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>NY</u>		
MOTHER	13. NAME <u>Joseph Wilmore</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>NY</u>	
	15. MAIDEN NAME <u>Mary Walters</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>NY</u>	
	17. INFORMANT <u>Mrs Josia Wilmore</u> (ADDRESS) <u>Stauberry Mo</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>High Ridge</u> DATE <u>4/22/33</u>	
19. UNDERTAKER (ADDRESS) <u>Edw. J. Phillips</u> <u>Stauberry Mo</u>		
20. FILED <u>4/21 1933</u> <u>C. S. Stewart</u>		

**MEDICAL CERTIFICATE OF DEATH**

1 DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 20, 1933

22 I HEREBY CERTIFY, That I attended deceased from Dec, 1932 to Apr 19, 1933  
 I last saw him alive on Apr 19, 1933 Death is said to have occurred on the date stated above, at 1:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Disease of liver  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
466 466

Name of operation \_\_\_\_\_ 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) F. J. Hinkley, M. D.  
 (Address) Stauberry 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.

MAY 22 1933

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Dr. Fred. H. Hensley