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

Do not use this space.
76XD 1-36
~~16249~~

File No.
Registered No. 376

1. PLACE OF DEATH
County Greene
Registration District No. 318
Township
Primary Registration District No. 2001
City Springfield Mo. (No. Baptist Hospital St. Ward)

2. FULL NAME Arthur Wilson

(a) Residence, No. Galveston, Texas 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.

JUN 22 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
asp	31	0	0	

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Mrs Nancy Walker
(ADDRESS) unknown

18. ~~BURIAL, CREMATION, OR REMOVAL~~
PLACE Galveston Texas DATE 5-3 1933

19. UNDERTAKER Alma Lommeyer Funeral Home
(ADDRESS) Springfield, Mo.

20. FILED 5-3 1933 Ralph Livingston
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-3 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw him alive on 5-3, 1933. Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from femoral artery. Caused by Femur fracture over left	

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Other contributory causes of importance
Accident occured when he fell under moving truck which he was attempting to climb onto.

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? Accident Date of injury 5-3, 1933
Where did injury occur? Highway 66-17 mi W of Springfield
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public
Manner of injury as above
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Chas A. Georgi Coroner, M. D.
(Address) Springfield Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD