

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.

JUL 21 1933

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

Do not use this space.

19412

1. PLACE OF DEATH
 County Putnam Registration District No. 314
 Township Stauberry Primary Registration District No. 4190
 City Stauberry (No. _____) St. _____ Ward _____

2. FULL NAME William Robert 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Bindie Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 14 - 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>62</u>	<u>6</u>	<u>11</u>	

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

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) 1-7-30 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cainesville MO

13. NAME Robert Brown Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Anne E. Hughes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gilbert

17. INFORMANT Mrs. Bindie Wilson
(ADDRESS) Stauberry MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Stauberry MO DATE 6/27 1933

19. UNDERTAKER Stoughton Phillips
(ADDRESS) Stauberry MO

20. FILED 6/26 1933 C. J. Bernal
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:20 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Haemorrhage Date of onset 34
34
34
 Other contributory causes of importance: lues

Name of operation _____ Date of _____
 What test confirmed diagnosis? lab 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) S. G. Simpson, M. D.
 (Address) Stauberry MO

Dr. S. E. Sumpster.