

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.

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

Do not use this space.

1. PLACE OF DEATH

48 County Jackson
Township Prairie
Sub Lees Summit (No. P.F.D.)

Registration District No. 400

Primary Registration District No. 5553B

File No. 23426

Registered No. 133

2. FULL NAME

David W. Wilson

(a) Residence, No. Lees Summit St. P.F.D. 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fannie Wilson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-13-1857</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>8</u>	DAYS <u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>retired farmer</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)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Virginia

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 Preston Albham (ADDRESS) Lees Summit Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Lees Summit DATE 8-1- 1933

19. UNDERTAKER Fields James Co. (ADDRESS) Lees Summit Mo.

20. FILED 8-1- 1933 William J. Fields Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31 1933

22. I HEREBY CERTIFY That I attended deceased from July 24 1933 to July 31 1933

I last saw him alive on July 26 1933 Death is said to have occurred on the (date stated above, at) 1:30 am

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Carcinoma of Larynx
47A
97
Other contributory causes of importance: 47

Date of onset 1932

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

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 none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Clint L. Miller M. D.

(Address) Lees Summit Mo

