

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.

36904

1. PLACE OF DEATH

County Jasper Registration District No. 411
Township Albena Primary Registration District No. 2002
City Joplin (No. St. John's Hospital) St. _____ Ward _____

2. FULL NAME

George Russell Wilson
(a) Residence, No. 1110 Moffet 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Leona Wilson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 4, 1893</u>		
7. AGE <u>40</u>	YEARS <u>40</u>	MONTHS <u>1</u>
	DAYS <u>8</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>Drilling Contractor</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>1933</u>	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Joplin, Mo.</u>		
MOTHER	13. NAME <u>R. P. Wilson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
	15. MAIDEN NAME <u>Sarah Watson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
17. INFORMANT <u>Mrs. Leona Wilson</u> (ADDRESS) <u>Joplin, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>West Hope Cemetery</u> DATE <u>Nov. 15, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Joplin, Mo.</u>		
20. FILED <u>11-15-33</u> 19 <u>33</u> <u>J. Jones</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 12 1933, to Nov 13 1933.
I last saw him alive on Nov 12 1933. Death is said to have occurred on the date stated above, at 3:45 A.M.
The principal cause of death and related causes of importance were as follows:
Compound fracture of skull
2:15 AM
Date of onset

Other contributory causes of importance None

Name of operation None 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 11-12-1933
Where did injury occur? on highway west of Joplin
(Specify city or town, county, and state) Mo.
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Compound fracture of skull
Nature of injury Auto collision

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____
(Signed) W. J. Hager, M. D.
(Address) California

