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

Do not use this space.

37102

1. PLACE OF DEATH

59

County Livingston — Registration District No. 508 — File No.

Township Sampsel — Primary Registration District No. 3676 — Registered No. 124

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME William B Wilson

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harriett Elizabeth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6 1846

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
86	11	1	

OCCUPATION

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

FATHER

13. NAME Edward Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

MOTHER

15. MAIDEN NAME Rebuca Peters
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) C. W. Wilson Sampsel Mo R 1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Olive DATE 11-8 1933

19. UNDERTAKER (ADDRESS) F. B. Norman Chillicothe Mo.

20. FILED Nov 8 1933 Donald M. Dowell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 - 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 25 1933, to Nov 6 1933

I last saw him alive on Oct 15 1933 Death is said to have occurred on the date stated above, at 12 30 a.m.

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

	Date of onset
Nephritis	1932
Cystitis	1931
121	
1353	
169	
Age =	

Other contributory causes of importance:

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

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) John H Timberman, M. D.
(Address) Chillicothe 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.

NOV 10 1933

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