

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.

APR 4 1934

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

Do not use this space.

37446

1. PLACE OF DEATH

County

Pettis

Registration District No.

664

Township

Green Ridge

Primary Registration District No.

4397

City

(No.)

St.

Ward

2. FULL NAME

Edward Randolph 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

male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widower

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

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

Aug 4th 1845

7. AGE

YEARS

88

MONTHS

3

DAYS

12

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Farmer, Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

His Own

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)

Pennsylvania

13. NAME

W. P. Wilson

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

15. MAIDEN NAME

Margaret Monnehan

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

17. INFORMANT (ADDRESS)

E. B. Wilson, Edwinton mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Green Ridge, Mo

DATE

Nov 18 1933

19. UNDERTAKER (ADDRESS)

C. R. Shelby, Green Ridge, Mo

20. FILED

11/17 1933 C. R. Shelby, Registrar

MEDICAL CERTIFICATE OF DEATH

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

Nov 16th 1933

22. I HEREBY CERTIFY, That I attended deceased from

Nov. 12, 1933, to Nov. 16, 1933

I last saw him alive on

Nov 15, 1933

Death is said to have occurred on the date stated above, at

7:25 a.m.

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

Valvular disease of heart

Date of onset

Other contributory causes of importance:

Name of operation

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

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?

If so, specify

(Signed)

H. A. Hite

M. D.

(Address)

Green Ridge, Mo.

