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.

JAN 26 1934

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

Do not use this space.
39397

1. PLACE OF DEATH

County Cape Girardeau — Registration District No. 125 — File No.

Township — Primary Registration District No. 3009 — Registered No. 309

City Cape Girardeau (No. Highway 74 — Smithville St. Ward)

2. FULL NAME Alvin Willard Wilson

(a) Residence, No. St., Ward. Illmo Mo.
(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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 11, 1881

7. AGE: Years 52 — Months 9 — Days 8 — If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) Cherokee, Iowa

FATHER

13. NAME Harry Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beuna Vista Co, Ia.

MOTHER

15. MAIDEN NAME Nellie Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beuna Vista Co. Iowa

17. INFORMANT Mrs Louise Harris (ADDRESS) Illmo Mo.

18. BURIAL, CREMATION, OR REMOVAL Lightner cem. PLACE Illmo, Mo. DATE 12/21/33

19. UNDERTAKER Bispinghoff & Hubbard (ADDRESS) Illmo, Mo.

20. FILED Dec 19, 1933 W. Kampfer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:45 a m.

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

Heart Decease.
Died in automobile enroute to Scems, Mo
PSD

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 ~~Dec 19~~, 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 J. A. Moore.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify J. A. Moore.

(Signed) J. A. Moore, M.D.

(Address) Coroner