MAR 24 1934

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

Do not use this space.

File No. 4099

Registered No. 46

1. PLACE OF DEATH

12 County Butler — Registration District No. 89

2 Township — Primary Registration District No. 3007

City Poplar Bluff (No. ..... St. ..... Ward)

7 2. FULL NAME James Dewesse Wilson

(a) Residence, No. ..... St., ... Ward. Centerview, Mo. HR. 5

(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: M

4. COLOR OR RACE: W

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1914

7. AGE: Years 19 | Months 8 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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) Centerview, Mo. Mo.

FATHER

13. NAME James Wilson

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

MOTHER

15. MAIDEN NAME Hattie Black

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

17. INFORMANT (ADDRESS) James Wilson

18. BURIAL, CREMATION, OR REMOVAL

PLACE Columbus Johnson County Mo. DATE 2-24 1934

19. UNDERTAKER Frank Hud & Co

(ADDRESS) Poplar Bluff

20. FILED 2-23-1934 W. S. Bailey d Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-22 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1934, to Feb 22, 1934

I last saw him alive on Feb 22, 1934. 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:

	Date of onset
Lobar Pneumonia	2/14/34

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 ....., 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? .....

If so, specify .....

(Signed) U. L. Brandon, M. D.

(Address) Poplar Bluff, 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.