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.

APR 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 10769

Township ..... Primary Registration District No. 1003 Registered No. 2606

City St Louis (No. En Route City Hospital #2 St. ..... Ward)

2. FULL NAME Eugene Wilson

(a) Residence, No. 4219 Cote Brilliante St., 11 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: Colored
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): Unknown

7. AGE: Abt. YEARS: 29 MONTHS: — DAYS: — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter
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): Mississppi

FATHER
13. NAME: Robert Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mississppi

MOTHER
15. MAIDEN NAME: Lulu Wiggins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mississppi

17. INFORMANT (ADDRESS): Robert Wilson 4219 Cote Brillante

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Pk. DATE 3/15/1934

19. UNDERTAKER (ADDRESS): C. W. Roberts Und Co 3035 Lucas ave

20. FILED MAR 15 1934 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 11, 1934

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 7 30/A m.

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

Date of onset

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Gunshot Wound caused by internal perforations and hemorrhage of lifting caused by bullet fired

Other contributory causes of importance:

from gun in hands of Hobart Woods (Col).

Homicide

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Hom. Date of injury 3/11, 1934

Where did injury occur? St. Louis, Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Shot by person

Nature of injury Gunshot Wound of Lung

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

If so, specify

(Signed) [signature], M.D.

(Address) Deputy Coroner

3/12/34