MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan 11 Registration District No. 85 File No. 11937

Township 7 Primary Registration District No. 1001 Registered No. 413

City St. Joseph, 9 (No. Missouri, Methodist Hospital St. Ward)

2. FULL NAME Samuel H. Wilson

(a) Residence, No. 708 No. 10th. St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 28, 1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	42	7	5	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Apr. 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Penn.

FATHER

13. NAME Robert Wilson

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Gertrude Wilson 708 No. 10th. St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Olivet Cemetery DATE Apr. 5, 1934, 19

19. UNDERTAKER (ADDRESS) Walter Meierhoffer 1302 Faraon St., St. Joseph, Mo.

20. FILED 4-4 1934 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

(3)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 3, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from Apr. 2, 1934, to Apr 3, 1934

I last saw him alive on Apr 2nd, 1934. Death is said to have occurred on the date stated above, at 5.45 A.M.

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

Chronic Pyelonephritis

Uraemia

Date of onset

Other contributory causes of importance:

Perineal fistula, old stricture

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

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) J. J. Bansbach, M. D.

(Address) ~~Kirkpatrick Bldg.~~ St. Joseph, Mo.

8 20 Frederick Ave

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.