

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

Do not use this space.

MAY 25 1934

14789

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 003
 City St. Louis Mo (No. Isolation Hospital) St. _____ Ward _____

2. FULL NAME

Harry Wilcox

(a) Residence, No. 8220 Wulcan St., _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Catharine Wilcox</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 20 1889</u>		
7. AGE	YEARS <u>44</u>	MONTHS <u>7</u>	DAYS <u>28</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>			
	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) <u>Chariton Co. Missouri</u>				
FATHER	13. NAME <u>George Wilcox</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
MOTHER	15. MAIDEN NAME <u>Mary O. Key</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wales England</u>			
17. INFORMANT (ADDRESS) <u>Grace Barry Glad Bristol</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sullivan Mo</u> DATE <u>4-20</u> 19 <u>34</u>				
19. UNDERTAKER (ADDRESS) <u>Albert H. Hoppe Inc 4294 Euclid ave</u>				
20. FILED <u>AT</u> _____ 19 <u>34</u> <u>J. Beedeck</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 29 1934, to April 17 1934

I last saw him alive on April 17 1934. Death is said to have occurred on the date stated above, at 11:45 P.M.

The principal cause of death and related causes of importance were as follows:
Erysipelas of face, neck & throat Date of onset 3/19/34
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 Other contributory causes of importance:
Bronchopneumonia 4/16/34

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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 Sac Weisman, M. D.
 (Signed) W. J. Beedeck (Address) ISOLATION HOSPITAL

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.

WRITE PLAINLY, WITH CAPITAL LETTERS TO A

Shaffar

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