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.

JUN 23 1934

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

Do not use this space.

17311

1. PLACE OF DEATH
County Lawrence — Registration District No. ~~34~~ 740 — File No. ~~34~~
Township N. Mt Vernon — Primary Registration District No. 6633 — Registered No. 34
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME H. B. Wilson
(a) Residence, No. ..... St., ... Ward. .....
(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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-25-77
7. AGE — YEARS: 56 — MONTHS: 6 — DAYS: 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lead and zinc mining
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) Bates Co. Mo.

FATHER
13. NAME James Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

MOTHER
15. MAIDEN NAME Mary Brewer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

17. INFORMANT (ADDRESS) Geo. Ebersold Clever Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marionville DATE May/13 1934

19. UNDERTAKER (ADDRESS) T. W. Maples Clever Mo

20. FILED 5/14 1934 P. A. Holmes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/12 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/31, 1934 to 5/12, 1934
I last saw him alive on 5/12, 1934 Death is said to have occurred on the date stated above, at 12 30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1931
Other contributory causes of importance: Tuberculous laryngitis	1932

Name of operation none Date of .....
What test confirmed diagnosis? Lab. 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? yes
If so, specify .....
(Signed) J. B. Stokes, M. D.
(Address) Mt. Vernon, Mo.