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

Do not use this space.

30027

File No.
Registered No.

1. PLACE OF DEATH
County Macon Registration District No. 530
Township Walnut Creek Primary Registration District No. 5707
City Elmer (No. , St. Ward)

2. FULL NAME Francis M. 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) ~~WIFE OF~~ Mrs. Mattie Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 21 1863

7. AGE Years 71 Months 7 Days 15 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) 1930
11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER
13. NAME Allen G. Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Caroline Shields
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Mrs. Mattie Wilson
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmer DATE Aug 1934

19. UNDERTAKER S. L. McDavitt
(ADDRESS) Elmer Mo.

20. FILED Aug 8 1934 Mrs Lloyd Baker Registrar.

(Aug 8)

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 23 1934, to Aug 4 1934
I last saw h alive on Aug 4 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:

Senility
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Date of onset

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) Harold D. Eik D.O.
(Address) Elmer 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.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 14 1934