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.

JAN 1 5 1935

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

Do not use this space.

42148

1. PLACE OF DEATH
County Caldwell, Registration District No. 93
Township Davis, Primary Registration District No. 5138
City ..... (No. ....., ... St. ..... Ward)

File No. .....
Registered No. 4

2. FULL NAME Hiram 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 28 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. [redacted], MARRIED, [redacted], OR [redacted] (write the word): Married,

5A. IF MARRIED, [redacted] HUSBAND OF [redacted] Rachel E. Wilson,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec.-30-1871

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
62	11	26	

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. Farm Work,
10. Date deceased last worked at this occupation (month and year) 50 years Wheeling
11. Total time (years) spent in this occupation 188

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri,

FATHER
13. NAME Jesse Wilson,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills.,

MOTHER
15. MAIDEN NAME Margaret McKenzie,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills.,

17. INFORMANT Ernie Wilson
(ADDRESS) Braymer, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Evergreen Cemet DATE Dec. 28, 1934

19. UNDERTAKER E. P. Michael
(ADDRESS) Braymer Mo.

20. FILED Dec 28, 1934 H. H. Patterson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov-25-1934, to Dec-26-1934
I last saw h. alive on Dec-25-1934 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
Cancer of Liver	
188	

Other contributory causes of importance: Kicked by cow Nov 4 1934 injury to spleen,

Name of operation None Date of None
What test confirmed diagnosis Symptoms Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury Nov 4, 1934
Where did injury occur? On farm near Braymer
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. at his farm or farm
Manner of injury Kicked by cow in barn
Nature of injury Injury to Spleen

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Cardin B. Dowlen M. D.
(Address) Braymer Mo.

1934-12-26
1871-12-30
62-11-26