

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.

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

Do not use this space.

FEB 19 1935

1566

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Thames City Primary Registration District No. 1002
City Mo. No. Thames City Hospital St. Mo. Ward 1

2. FULL NAME

Thomas Wilson
(a) Residence, No. 13 1/2 Hurry St. St. Chillicothe Mo.
(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 m 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-19-1925

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>-</u>	<u>10</u>	<u>9</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant
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) Mo

MOTHER FATHER 13. NAME Charles Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Catherine

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

17. INFORMANT Chas. Wilson
(ADDRESS) Chillicothe, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chillicothe, Mo. DATE 1-29-35

19. UNDERTAKER Wm. E. Foster
(ADDRESS) 718 Brooklyn Ave

20. FILED 1-28-35 M. M. Cross
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-28, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-25-35, 19 , to 1-28-35, 19

I last saw him alive on 1-28-35, 19 . Death is said to have occurred on the date stated above, at 25 E. 24

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

Bilateral otitis media Date of onset 1-18-35
meningitis (pneumococci) 1-28-35
suppurative left otitis media
meningitis (pneumococci) 1-18-35

Other contributory causes of importance:
Primary pneumonia 1/26/35
(early lobar) 890

Name of operation Date of
What test confirmed diagnosis? Lab culture Was there an autopsy? yes

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) Clyde K. Randall, M. D.
(Address) Mo. Hospital

