

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.

JUN 3 1935

13959

1. PLACE OF DEATH

County Platte
Township Laverne
City Overbrook (No.)

Registration District No. 716
Primary Registration District No. 5940

File No.
Registered No. 5 St. Ward)

2. FULL NAME

Harold Wilson

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 3 1913
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
21 4 0

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. Own farm
10. Date deceased last worked at this occupation (month and year) Apr 1 1935 11. Total time (years) spent in this occupation about 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platteville Mo.

13. NAME Harold T. Wilson

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

15. MAIDEN NAME Mary C. Skaggs

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

17. INFORMANT (ADDRESS) W. C. Skaggs

18. BURIAL, CREMATION, OR REMOVAL PLACE Anderson DATE April 15 1935

19. UNDERTAKER (ADDRESS) W. C. Skaggs

20. FILED April 15 1935 N. D. Lee Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 13 1935

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on, 19..... Death is said

to have occurred on the date stated above, at 10:20 a.m.

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

Being hit on head by truck Date of onset

Other contributory causes of importance:

Riding on tender of car

Name of operation none 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 4-13, 1935

Where did injury occur? 1 1/2 S. W. of Crocker Mo. on 717 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public Place

Manner of injury Collision With Truck

Nature of injury Crushed Skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Levi Harrison Co. Coroner

(Address) Richland Mo.

