

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.

JUL 22 1935

22824

1. PLACE OF DEATH

County *Harrison*
Township *Sherman*
City (No. _____ St. _____ Ward _____)

Registration District No. *334*
Primary Registration District No. *5466*

File No. *372*
Registered No. _____

2. FULL NAME

(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)

John F. Wilson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>m</i>	4. COLOR OR RACE <i>w</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>1/5/1855</i>				
7. AGE	YEARS <i>80</i>	MONTHS <i>6</i>	DAYS <i>4</i>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>carpenter</i>			
	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	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7/9* 19*35*

22. I HEREBY CERTIFY, That I attended deceased from

19____, to _____, 19____
I last saw him alive on *July 1st*, 19*35*. Death is said to have occurred on the date stated above, at *6:30 p.m.*

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

Carcinoma of Liver

Date of onset

Other contributory causes of importance:

W

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) *Bernard L. Wood* M.D.

(Address) *Bethany Mo.*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana*

13. NAME *Andrew F. Wilson*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*

15. MAIDEN NAME *Nellie Harvey*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*

17. INFORMANT *H. L. Collins*
(ADDRESS) *Bethany, Mo.*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Kidwell cemetery* DATE *7/10* 19*35*

19. UNDERTAKER *S. M. Has*
(ADDRESS) *Bethany Mo.*

20. FILED *7-10* 19*35* *W. J. Harned*
Registrar.

