

JUL 24 1935

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

Do not use this space.

23125 ✓

1. PLACE OF DEATH

County Jackson Registration District No. 395  
Township Jesse Primary Registration District No. 1002  
City Kansas City (No. K.C. General Hosp) (Ward)

File No. \_\_\_\_\_  
Registered No. 23125

2. FULL NAME

John M. Wilson  
(a) Residence, Arrow Rock, 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 <u>m.</u>	4. COLOR OR RACE <u>w.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Georgia Wilson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 12 1888</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>0</u>
	DAYS <u>2</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Gen Farm</u>	
	10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation. <u>2</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-14, 1935  
22. I HEREBY CERTIFY, That I attended deceased from 7-12, 1935, to 7-14, 1935.  
I last saw        alive on 7-14, 1935. Death is said to have occurred on the date stated above, at 11:22 am.  
The principal cause of death and related causes of importance were as follows:

Intestinal obstruction  
Date of onset: \_\_\_\_\_  
Other contributory causes of importance: \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Inda  
13. NAME Frank Wilson  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Inda  
15. MAIDEN NAME Eliza Martin  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Inda  
17. INFORMANT (ADDRESS) Frank Wilson  
7637 Washington, K.C. Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE 7-16, 1935  
19. UNDERTAKER (ADDRESS) Simsom, Geo  
K.C. Mo  
20. FILED July 15, 1935 W. M. Brown  
Registrar.

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) J. H. Bennett, M.D.  
(Address) K.C. Gen Hosp K.C. 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.



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**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Registry Registration District No. 1002 Registered No. 2867  
 City Kansas City (No. Kansas City Gen Hosp) Ward \_\_\_\_\_

**2. FULL NAME**

John 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) IN

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1935

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

22. I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>54</u>	<u>0</u>	<u>2</u>	

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
 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 \_\_\_\_\_

Intestinal Obstruction  
Mechanical Obstruction  
No further history  
 Date of onset \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

13. NAME \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

15. MAIDEN NAME \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) \_\_\_\_\_

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

18. BURIAL, CREMATION, OR REMOVAL \_\_\_\_\_

Manner of injury \_\_\_\_\_

PLACE \_\_\_\_\_ DATE \_\_\_\_\_, 19\_\_\_\_

Nature of injury \_\_\_\_\_

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

20. FILED 7/15 1935 J. M. Crowe Registrar

(Signed) J. H. Jennette M. D.  
 (Address) Supd 26. Gen Hosp

**SUPPLEMENT**

CAUSE OF DEATH explain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-23145

11/10/71