

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.

AUG 20 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

23985

1. PLACE OF DEATH

County PettisRegistration District No. 668Township SedaliaPrimary Registration District No. 3032City Sedalia(No. 14135 Park)File No. 216Registered No. 668St. Mo.Ward

2. FULL NAME

(a) Residence, No. 14135 Park

(Usual place of abode)

St. Mo.Ward

(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

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

✓

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

Feb-10 1912

7. AGE

YEARS

23

MONTHS

4

DAYS

26

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Unemployed

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)

Pennington Mo

FATHER

13. NAME

Frank A Wilson

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

Rose New York

MOTHER

15. MAIDEN NAME

Ladie Annett

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

Atlanta Georgia

17. INFORMANT (ADDRESS)

Frank A Wilson Sedalia

18. BURIAL, CREMATION, OR REMOVAL

PLACE unction modeDATE 7/8/35

19. UNDERTAKER (ADDRESS)

M. Laughlin Bros Sedalia

20. FILED

July 8 1935 Jean Slack Registrar

MEDICAL CERTIFICATE OF DEATH

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

July 6 1935

22. I HEREBY CERTIFY That I attended deceased from

July 5 1935 to July 6 1935I last saw him alive on July 6 1935. Death is saidto have occurred on the date stated above, at 4:00 m.

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

Cerebro Spinal meningitisEpidemic

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Cerebro Spinal Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury July 6 1935

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? No

If so, specify

(Signed) M. S. Bishop

M. D.

(Address) Sedalia Mo

