

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

SEP 25 1935

24012

1. PLACE OF DEATH

County Pettis
Township
City Sedalia (No.)

Registration District No. 665
Primary Registration District No. 3032

File No. 244
Registered No. 668
St. Ward)

2. FULL NAME

(a) Residence, No. 505 W. Jefferson St., Ward.

(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 15 1935</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>1</u>	<u>16</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>X</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>X</u>		
10. Date deceased last worked at this occupation (month and year) <u>V</u>		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sedalia</u> <u>Pettis Co Mo</u>		
13. NAME <u>Raymond Wilson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stater</u> <u>Missouri</u>		
15. MAIDEN NAME <u>Gorgie Ella Hamilton</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sedalia</u> <u>Pettis Co Mo</u>		
17. INFORMANT (ADDRESS) <u>Raymond Wilson</u> <u>Sedalia Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stater Mo</u> DATE <u>Aug 2</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>F. D. Ferguson</u> <u>Sedalia Mo</u>		
20. FILED <u>Aug 2</u> 19 <u>35</u> <u>Frank Shack</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-31- 1935
22. I HEREBY CERTIFY, That I attended deceased from 7-15- 1935, to 7-31- 1935
I last saw h. 1 P.M. alive on 7-31- 1935 Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

Date of onset
Conjunctive debility
Intestine
Other contributory causes of importance:
Name of operation not op Date of
What test confirmed diagnosis? exam 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
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) A. R. Maddox, M. D.
(Address) 116 1/2 W. Main

