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.

SEP 25 1935

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

Do not use this space.

26366

File No. 3405

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No.

Township ~~Kaw~~ — Primary Registration District No.

City Kansas City (No. 1402 East 31st Street St. Ward)

2. FULL NAME William F. Wilson

(a) Residence, No. 1402 East 31st Street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Ma.

4. COLOR OR RACE: Wh.

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Rie Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 3rd. 1852

7. AGE: YEARS 83 — MONTHS 1 — DAYS 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Mass.

FATHER

13. NAME: No Data

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Data

MOTHER

15. MAIDEN NAME: No Data

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Data

17. INFORMANT (ADDRESS): Dr. Frank Luckinbill, 1402 East 31st Street

18. BURIAL, CREMATION, OR REMOVAL

PLACE Reinbeck Ia. DATE 8/3/35, 19

19. UNDERTAKER (ADDRESS): W. F. Mayberry, City

20. FILED 8-3, 1935 M M Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 3rd., 1935

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1935, to Aug 3, 1935

I last saw him alive on Aug 2, 1935. Death is said to have occurred on the date stated above, at 6:AM a.m.

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

Chronic Nephritis — Date of onset: Unknown

Other contributory causes of importance:

Broncho pneumonia — Aug 1 1935

Name of operation: Non — Date of

What test confirmed diagnosis? Clinical — 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, 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? No

If so, specify

(Signed) Kenneth G. Davis, M. D.

(Address) 3301 Woodland

Dr Nee Davis
3301 Woodland
2 Pl.