

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

Do not use this space.

DEC 26 1935

32990

1. PLACE OF DEATH
 County Jackson Registration District No. 300
 Township Kaw Primary Registration District No. 1000
 City Kansas City (No. St. Joseph Hospital) St. _____ Ward _____

2. FULL NAME Garland Wilson
 (a) Residence, No. Bethany, Missouri St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 0 yrs. 0 mos. 5 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8, 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>1</u>	<u>50</u>	<u>8</u>	<u>22</u>	

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. Lawyer

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) Bethany, Missouri

MOTHER

13. NAME James C. Wilson

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

15. MAIDEN NAME Alice Turner

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

FATHER

17. INFORMANT J. C. Wilson
(ADDRESS) Bethany, Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Bethany, Mo. DATE Oct. 31 1935

19. UNDERTAKER Freeman Mortuary & Chapel
(ADDRESS) Kansas City, Missouri

20. FILED 11-1 1935 M. M. Crowe, esq.
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 24 1935, to Oct 31 1935
 I last saw her alive on Oct 30 1935 Death is said to have occurred on the date stated above, at 10:15 m.
 The principal cause of death and related causes of importance were as follows:
Coronary artery thrombosis Date of onset 1934
Other contributory causes of importance:
Congestive heart failure

Name of operation none Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? yes

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) J. P. ... M. D.
 (Address) 726 Maple Road
St. Joseph, Mo.

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

MARGIN RESERVED FOR BINDING

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.

Dr. J. Parker Neal

Angie's Bldg.

3-5-P.M.