

FEB 3 1936

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

Do not use this space.

39299

1. PLACE OF DEATH

County Kearney Registration District No. 319
Township Springfield Primary Registration District No. 2001
City Springfield No. 1389 W. Campbell St. 735 Ward

2. FULL NAME

Rev. John Thomas Wilson
(a) Residence, No. 1389 W. Campbell St., W. Campbell Ward.
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</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>Bessie Wilson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 17, 1876</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>07</u>
	DAYS <u>9</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>Retired Minister</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Assembly of God Church</u>
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation <u>20</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Yellowville Arkansas13. NAME
Cyrus Wilson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Uniontown W. Virginia15. MAIDEN NAME
Martha Jane Lairmore16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Uniontown W. Virginia17. INFORMANT (ADDRESS)
Raymond W. Wilson Springfield, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Kearney DATE Dec. 29, 193519. UNDERTAKER (ADDRESS)
J. C. Thomas Springfield, Mo.20. FILED 12-29-35 W. Campbell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 26, 1935

22. I HEREBY CERTIFY That I attended deceased from Dec 26 to Dec 26 1935
Did not attend here at all says home
I last saw him alive on Dec 26, 1935. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

Apoplexy
Age and General Paralysis

Date of onset

Other contributory causes of importance:

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 _____, 1935Where 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) W. Tucker, M. D.
(Address) 200 W. Court St.

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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