

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

Do not use this space.

577

1. PLACE OF DEATH ^{15, 1936}
 County Chariton Registration District No. 174
 Township _____ Primary Registration District No. 4103
 City Rothville (No. _____ St. _____ Ward _____)

2. FULL NAME Floyd Swaithe Wilson
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 26 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>Rosalie (Riddle) Wilson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 7 1892</u>		
7. AGE YEARS <u>43</u>	MONTHS <u>10</u>	DAYS <u>28</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>wholesale & Retail</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>oil operator</u>		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Summer Nebr</u>		
13. NAME <u>Dudley O Wilson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
15. MAIDEN NAME <u>Mable Swaithe</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va.</u>		
17. INFORMANT <u>Mrs. Floyd Wilson</u> (ADDRESS) <u>Rothville, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rothville, Mo</u> DATE <u>Jan 8 1936</u>		
19. UNDERTAKER <u>James McLaughlin</u> (ADDRESS) <u>Marionville, Mo</u>		
20. FILED <u>Jan 10, 1936</u> <u>C. S. Stratton</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/1 1935 to 1-5 1936
 I last saw him alive on 1-5 1936 Death is said to have occurred on the date stated above, at 8:15 P.
 The principal cause of death and related causes of importance were as follows:
Acute Septicemia / hr
Phemia Intestinal Septicemia and Hypertension 5:40
 Name of operation _____ Date of _____
 What test confirmed diagnosis Autopsy 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 _____, 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) James M. Taylor, M. D.
 (Address) Brookfield, Mo.

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.

