FEB 18 1936

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

Do not use this space.

833

File No.
Registered No.

1. PLACE OF DEATH

County Franklin
Township ~~Boles~~
City Pacific (No. , St. Ward)

Registration District No. 477
Primary Registration District No. 293

2. FULL NAME LEE MILTON WILSON

(a) Residence, No. Pacific, Missouri St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~XXXXXXXX~~ Ileen Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7, 1895.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	40	2	6	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fisher body Corp.

10. Date deceased last worked at this occupation (month and year) Jan. 5, 1936

11. Total time (years) spent in this occupation 7yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grubeville, Mo.

FATHER

13. NAME L. L. Wilson

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

MOTHER

15. MAIDEN NAME Alice McColla.

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

17. INFORMANT (ADDRESS) Ileen Wilson, Pacific, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lonedell, Mo. DATE 1/15/36, 19

19. UNDERTAKER (ADDRESS) Thiebes & Son, Pacific, Mo.

20. FILED 1-25, 1936 G. G. Gross, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13, 1936. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1936 to Jan 13, 1936, 19. I last saw him alive on Jan 13, 1936. Death is said to have occurred on the date stated above, at 10:30 AM.

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

	Date of onset
Acute Nephritis	

Other contributory causes of importance:

Broncho Pneumonia	4 da.

Name of operation Date of
What test confirmed diagnosis Clinical 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?
If so, specify

(Signed) W. H. Hendren, M. D.
(Address) Pacific, 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.