

MAR 12 1936

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

Do not use this space.

7920

1. PLACE OF DEATH

County 28 18 Howard StRegistration District No. 7911003File No. 1589

Township

Primary Registration District No.

Registered No.

City

(No. _____)

St. _____

Ward _____

2. FULL NAME William Wilson(a) Residence, No. 28 18 HowardSt. 20

Ward. _____

Length of residence in city or town where death occurred

yrs. _____

mos. _____

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

4. COLOR OR RACE

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

malewhitemarried

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

Julia Wilson

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

Unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

About 73--

OCCUPATION

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

Laborer

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

Day

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)

Unknown

MOTHER FATHER

13. NAME

Unknown

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

Unknown

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

Julia Wilson
28 18 Howard

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Washington Park

DATE

Feb. 13 1936

19. UNDERTAKER (ADDRESS)

Watson & Son
27 09 Spruce

20. FILED

SEP 13 1936J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

February 8 1936

22. I HEREBY CERTIFY, That I attended deceased from

Oct 7 1934 to Feb 8 1936I last saw him alive on Feb 6 1936 Death is saidto have occurred on the date stated above, at 245 p

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

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Arteriosclerosis

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? no 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) C. C. Emerson, M. D.(Address) 3870 Eastman

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.

Handwritten marks or characters, possibly a signature or initials, located in the upper right quadrant of the page.

Vertical handwritten text or characters, possibly a date or a specific label, located in the lower middle section of the page.

Vertical handwritten text or characters, possibly a date or a specific label, located in the lower middle section of the page, to the right of the previous block.

Vertical handwritten text or characters, possibly a date or a specific label, located in the lower right section of the page.