APR 20 1936

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

1 (Do not use this space.

11226

1. PLACE OF DEATH

County: Jasper — Registration District No.: 413

Township: — Primary Registration District No.: 4245

City: Webb City (No. ..., ... St. ... Ward)

File No.:

Registered No.: 23

2. FULL NAME Guy 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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: Pearl Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 24, 1889

7. AGE: Years 37 | Months 9 | Days 6 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

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

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): Fayetteville Arkansas

FATHER

13. NAME: James Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

MOTHER

15. MAIDEN NAME: Mary Minor

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

17. INFORMANT (ADDRESS): Mrs. Pearl Wilson, Aurora, Mo.

18. BURIAL, CREMATION, OR REMOVAL: PLACE Aurora Cem. DATE March 31, 1936

19. UNDERTAKER (ADDRESS): Webb City Mord. Co., Webb City, Mo.

20. FILED 4/6 1936 Harry A. Weaver, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1936, to March 30, 1936

I last saw h... alive on March 29, 1936. Death is said to have occurred on the date stated above, at ... a. m.

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

	Date of onset
Chr. Pul. Tuberculosis	

Other contributory causes of importance: Work on metal mines

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 ..., 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) P. M. Stormont, M. D.

(Address) Webb City 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.