

JUL 17 1936

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

Do not use this space.

1. PLACE OF DEATH

County Cassaway Registration District No. 104
Township..... Primary Registration District No. 3008
City Fulton (No., St. Ward)

File No. 22165
Registered No. 186

2. FULL NAME Robert Wilson

(a) Residence, No. State Hospital 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. 2 mos. 28 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>Don't know</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1866 - etc.</u> | | |
| 7. AGE YEARS <u>70</u> | MONTHS <u>-</u> | DAYS <u>-</u> |
| IF LESS than 1 day, hrs. or min. | | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farm laborer</u> | | |
| 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) Lewis Co
(STATE OR COUNTRY) Mo.

MOTHER FATHER 13. NAME OK

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

15. MAIDEN NAME OK

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

17. INFORMANT Records State Hosp.
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Fulton, Mo. DATE June 8, 1936

19. UNDERTAKER W. H. Buckley
(ADDRESS) Fulton, Mo.

20. FILED June 9, 1936 R. N. Creed
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 9, 1936, to June 6, 1936
I last saw him alive on 6-5, 1936 Death is said to have occurred on the date stated above, at 5:45 a. m.
The principal cause of death and related causes of importance were as follows:

Auricular Fibrillation
Chronic myocarditis

Date of onset
M.C.

Other contributory causes of importance:
General arteriosclerosis.

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no.

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) Richard B. Bridgeman, M. D.
(Address) Fulton 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.

