

JUL 21 1936

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

Do not use this space.

22702

1. PLACE OF DEATH
County Howell Registration District No. 385
Township _____ Primary Registration District No. 5536
City Willow Springs, Mo. _____ St. _____ Ward _____

2. FULL NAME Issac William Wilson.
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

File No. _____
Registered No. _____

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>Mrs I.W. Wilson.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 25th, 1851</u>		
7. AGE <u>85.</u>	YEARS <u>X</u>	MONTHS <u>7</u>
		DAYS <u>7</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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) (STATE OR COUNTRY) <u>Indiana</u>		
FATHER	13. NAME <u>William Wilson.</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Soloman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia.</u>	
17. INFORMANT <u>Mrs I.W. Wilson.</u> (ADDRESS) <u>Willow Springs, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pine Grove.</u> DATE <u>6/3/</u> 19 <u>36</u>		
19. UNDERTAKER <u>T.R. Burns & Son.</u> (ADDRESS) <u>Willow Springs, Mo.</u>		
20. FILED <u>June 5, 1936</u> <u>J.P. Davis</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936, to June 2, 1936
I last saw him alive on June 1, 1936 Death is said to have occurred on the date stated above, at 10:00 a.m.
The principal cause of death and related causes of importance were as follows:
Coronary Occlusion Don't know
Date of onset Don't know

Other contributory causes of importance
ARB

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical. Was it a 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? No.
If so, specify _____
(Signed) J.P. Davis, M. D.
(Address) Willow Springs, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

