

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

Do not use this space.

23525

1. PLACE OF DEATH

County Marion
Township Jefferson
City Lawrence (No. 541)

Registration District No. 541
Primary Registration District No. 5757

File No. 23525
Registered No. 23525
St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. Lawrence P. Wilson St. Mo. Ward 1

(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

MEDICAL CERTIFICATE OF DEATH

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 Mary Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10, 1880

7. AGE YEARS 56 MONTHS 2 DAYS 26 If LESS than 1 day, ... hrs. or min.

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

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) Franklin County Mo.

13. NAME Marion Wilson

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

15. MAIDEN NAME Irene West

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

17. INFORMANT (ADDRESS) Evelyn Wilson

18. BURIAL, CREMATION, OR REMOVAL PLACE Knappa Cem DATE June 8, 1936

19. UNDERTAKER (ADDRESS) W. G. Lickner

20. FILED Aug 10 1936 Mrs. Emma Johnson Registrar

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

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1933 to June 6, 1936
I last saw him alive on June 5, 1936. Death is said to have occurred on the date stated above, at 11:28 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of death None

Name of operation None Date of None

What test confirmed diagnosis symptoms Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify None (Signed) W. R. Curdell M. D. (Address) Belle Mo.

