

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

Do not use this space.

26568

1. PLACE OF DEATH *Jackson* **HL 22 1936**  
 County *Jackson* Registration District No. *399*  
 Township *1st* Primary Registration District No. *1002*  
 City *J. C. Mo.* No. *at Joseph Hosp.* St. *3238* Ward  
 2. FULL NAME *Walter B. Wilson*  
 (a) Residence, No. *6921 Prospect* 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 <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Lucy Wilson</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Oct 11 1880</i>				
7. AGE	YEARS <i>55</i>	MONTHS <i>9</i>	DAYS <i>0</i>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Postoffice</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Employ</i>			
	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) <i>Missouri</i>				
FATHER	13. NAME <i>L. B. Wilson</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo</i>			
MOTHER	15. MAIDEN NAME <i>Maria L. Wilson</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo</i>			
17. INFORMANT (ADDRESS) <i>Mrs. Lucy Wilson 6921 Prospect Ave</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>at mortuary</i> DATE <i>7 13 1936</i>				
19. UNDERTAKER (ADDRESS) <i>Stone-M. O. Clark Kansas City Mo</i>				
20. FILED <i>July 12 1936 M. M. Cronin</i> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 11 1936*

22. I HEREBY CERTIFY That I attended deceased from *APRIL 1936* to *JULY 11 1936*

I last saw him alive on *JULY 11 1936* Death is said to have occurred on the date stated above, at *12 m.*

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

*ACUTE CHOLECYSTITIS  
EMPHYSEMA (B. COLI)  
SUBACUTE CHOLANGITIS  
SUBPACIFIC ABSCESS*

Date of onset *4 mos.*  
3 mos.  
2 mos.

Other contributory causes of importance:  
*CARDIC FAILURE*

Name of operation *CHOLECYSTECTOMY*  
*DRAINAGE* Date of *1936*  
What test confirmed diagnosis? *SUBPACIFIC ABSCESS* Was there an autopsy? *YES*

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) *O. C. Zimyard* \_\_\_\_\_, M. D.  
 (Address) *6944 Prospect*  
*K. L. H.*

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.

