JUL 21 1936

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

Do not use this space.

28060

1. PLACE OF DEATH ST. MARY'S INFIRMARY

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ST. LOUIS, MO. (No. 1536, PAPIN St. ..... Ward)

File No. .....

Registered No. 6797

2. FULL NAME WILSON, LOGAN

(a) Residence, No. 1317 Blair Avenue St., 25 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: colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Hattie Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 3-1888

7. AGE ~~49~~ YEARS: 48 MONTHS: 3 DAYS: 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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): Illinois

FATHER

13. NAME: Logan Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): grand chain

MOTHER

15. MAIDEN NAME: Chaney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): mound city

17. INFORMANT (ADDRESS): Hattie Wilson 1317 Blair Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE: Bethel Dufour DATE: July 17, 1936

19. UNDERTAKER (ADDRESS): J M Drouin 3232 Pine

20. FILED JUL 6 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1936, to July 3, 1936

I last saw him alive on July 3, 1936. Death is said to have occurred on the date stated above, at 7:15A m.

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

	Date of onset
Heart failure	
Carcinoma of Liver	

Other contributory causes of importance: 46

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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? .....

If so, specify .....

(Signed) J. D. Alexander, M. D.

(Address) St Mary's Infirmary

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.