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.

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

SEP 21 1936

Do not use this space.

30480

1. PLACE OF DEATH
County: Dunklin — Registration District No.: 289 — File No.:
Township: Cotton Hill — Primary Registration District No.: 4173 — Registered No.: 44
City: Malden (No. , St. Ward)

2. FULL NAME: Joseph Byron Wilson

(a) Residence (Usual place of abode) No. St., Ward. (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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 16 - 1854

7. AGE: Years 82 | Months 3 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farm
10. Date deceased last worked at this occupation (month and year): 1928
11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saline Co. Ill.

FATHER

13. NAME: Wm Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): S. C.

MOTHER

15. MAIDEN NAME: Jennie Bennett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): Mrs. A. A. Patterson, Malden, Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Malden DATE: Aug 19, 1936

19. UNDERTAKER (ADDRESS): W. L. Craig, Malden, Mo.

20. FILED: 8/19, 1936 L. E. Mitchell, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from January, 1936, to Aug 18, 1936. I last saw him alive on August 18, 1936. Death is said to have occurred on the date stated above, at 2:15 p.m.

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

Cancer of prostate — Date of onset: Nov. 35

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Other contributory causes of importance: neg.

Name of operation: none — Date of:

What test confirmed diagnosis? Exy — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no — Date of injury: , 19

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury: none

Nature of injury:

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

If so, specify:

(Signed) Guyson Outten M.D.

(Address) Malden

1932 - 8 - 18
1854 - 5 - 16
82 - 3 - 2