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.

OCT 20 1936

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

Do not use this space.

33645

1. PLACE OF DEATH
County Boone — Registration District No. 73 — File No.
Township — Primary Registration District No. 3006 — Registered No. 259
City Columbia (No. Boone County Hospital St. Ward)

2. FULL NAME Samuel Wilson
(a) Residence, No. Hilton, Mo St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7-14-1911

7. AGE: Years 25 — Months 2 — Days 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Manager of Ice Plant
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): Missouri (Troy)

FATHER
13. NAME: John M. Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Troy, Missouri

MOTHER
15. MAIDEN NAME: Edna English
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Montgomery City, Missouri

17. INFORMANT (ADDRESS): Charles Arnold, Mexico, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memorial Park DATE: 9-26-1936

19. UNDERTAKER (ADDRESS): Parker Furniture Co, Columbia, Mo

20. FILED 9/26/1936 Allie Selby, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-25th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept-26, 1936 to X, 19..
I last saw h X alive on X, 19 X. Death is said to have occurred on the date stated above, at 7:15 p.m.
The principal cause of death and related causes of importance were as follows:

Injuries Sustained in Automobile Collision on Highway No. 40 8 miles East of Columbia Mo

Date of onset

Other contributory causes of importance:

Name of operation X Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9-24, 1936
Where did injury occur? as above described (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On Highway
Manner of injury automobile wreck
Nature of injury Fractured skull & body bruises

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) E. G. Davis, Coroner, M.D.
(Address) Columbia Mo.