

DEC 18 1936

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

Do not use this space.

40657

1. PLACE OF DEATH

County Cedar
Township Linn
City Doniphan (No. _____) St. _____ Ward _____Registration District No. 165
Primary Registration District No. 5231File No. Nov. 29-1936
Registered No. 185-19362. FULL NAME Charles Whuman Wilson(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

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) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bessie Fenton Wilson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 23 18537. AGE YEARS 83 MONTHS 2 DAYS 28 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.
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) IllinoisFATHER 13. NAME James Wilson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.MOTHER 15. MAIDEN NAME Mary Hartley16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.17. INFORMANT (ADDRESS) Lewis Fox18. BURIAL, CREMATION, OR REMOVAL PLACE Lindley Prairie DATE Nov 22 193619. UNDERTAKER (ADDRESS) W. B. Davis & Co. St. Louis, Mo.20. FILED Nov 29 1936 Mrs. A. G. Brown Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 21 193622. I HEREBY CERTIFY, That I attended deceased from November 21 1936, to November 21 1936.
I last saw him alive on November 21 1936. Death is said to have occurred on the date stated above, at _____ m.

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

Cerebral Hemorrhage Date of onset _____Other contributory causes of importance: 80

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) H. A. Sewell, M. D.(Address) St. Louis, Mo.

