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

DEC 28 1936

Do not use this space.

41735

1. PLACE OF DEATH

County Lafayette — Registration District No. ~~406~~ 460

Township ~~Davis~~ — Primary Registration District No. 4274

City Higginsville, (No. ..... , ... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME George L Wilson

(a) Residence, No. ..... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3rd 1884

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
52	10	13	

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. .....

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) Lafayettet Co. Mo.

FATHER

13. NAME John Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Corder, Mo.

MOTHER

15. MAIDEN NAME Ora Corder

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Corder, Mo.

17. INFORMANT (ADDRESS) Jessie Wilson Higginsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Higginsville DATE 11/17/36 19

19. UNDERTAKER (ADDRESS) A. H. Hader Higginsville, Mo.

20. FILED Dec 9 1936 W. C. Webb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1936 to Nov 16, 1936

I last saw him alive on Nov 16, 1936. Death is said to have occurred on the date stated above, at 7 a m.

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

	Date of onset
Gastric Hemorrhage	
Carcinoma of Stomach	

Other contributory causes of importance: Alcoholism

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) W. C. Webb, M. D.

(Address) Higginsville