

DEC 3 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City ST. LOUIS (No. CITY HOSPITAL NO. 2) St. 43017
Registered No. 11592

2. FULL NAME

Evans Wilson
(a) Residence, No. 3514 N. 25th St. 2D Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 51 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

3. SEX Male. 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-13-1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 8 8

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. common

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

13. NAME John Henry Wilson

14. BIRTHPLACE (CITY OR TOWN) Fla. (STATE OR COUNTRY)

15. MAIDEN NAME Laura Dixon

16. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mother Mary Sheard 2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Easttown Ill Nov. 23, 1936

19. UNDERTAKER (ADDRESS) Sheard 2945 Lawton Ave.

20. FILED NOV 23 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-21-1936

22. I HEREBY CERTIFY, That I attended deceased from 11-9-1936 to 11-21-1936

I last saw her alive on 11-21-1936 Death is said to have occurred on the date stated above, at 4:45 A. M.

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

BILATERAL LOBAR PNEUMONIA 11-9-1936

Other contributory causes of importance: 108

Name of operation..... Date of.....
What test confirmed diagnosis? clinical Was there an autopsy? NO

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) M. L. Lewis, M. D.
(Address) 2945 Lawton Ave.

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.

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