JAN 25 1937

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

Do not use this space.

45976

1. PLACE OF DEATH
County St. Clair — Registration District No. 770 — File No.
Township Taber — Primary Registration District No. 6016 — Registered No. 6
City (No. , St. Ward)

2. FULL NAME William Wilt
(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 Male
4. COLOR OR RACE White
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) Nov. 15, 1856
7. AGE YEARS 80 MONTHS 1 DAYS 10 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) four years
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ross County, Ohio

FATHER
13. NAME Adam Wilt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Mary Rabison
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs. Chas. Merchant Rockville R.A.D.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Prairie City Cem. DATE Dec 25, 1936
19. UNDERTAKER (ADDRESS) Lewis & Son Schell City, Mo.
20. FILED Dec 25 1936 Georgia Davidson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-24, 1936
22. I HEREBY CERTIFY, That I attended deceased from 12-13, 1936, to 12-18, 1936
I last saw him alive on on 12-18, 1936 Death is said to have occurred on the date stated above, at 12:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
3rd Stroke	

Other contributory causes of importance:

Name of operation no Date of
What test confirmed diagnosis? Paralysis 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 no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) J W Richardson, M. D.
(Address) Tiffin Mo.

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.