

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

Do not use this space.

DEC 30 1936

47421

1. PLACE OF DEATH

County Vernon
Township N. Harrison
City Geneva No. 170-74

Registration District No. 874
Primary Registration District No. 6159

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 1-1888</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>48</u>	<u>1</u>	<u>13</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>"</u>			
	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) <u>Vernon Co. Mo.</u>				
FATHER	13. NAME <u>Wm N. Wilson</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Table Grove Ill</u>			
MOTHER	15. MAIDEN NAME <u>Ella Porter</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Framingham Mass</u>			
17. INFORMANT (ADDRESS) <u>Mrs. Clara Hagg R.F.D. #1</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Academy</u> DATE <u>Dec 17</u> 19 <u>36</u>				
19. UNDERTAKER (ADDRESS) <u>B. E. Huppine 7 1/2 Cloud Street</u>				
20. FILED <u>Dec 18</u> 19 <u>36</u> <u>Mrs. N. B. Mumford</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1936, to, 19.....

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 9:21 P m.

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

Cerebral Hemorrhage Date of onset

Hypertension

Other contributory causes of importance gout

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? NO
If so, specify
(Signed) J. P. Pettit M. D.
Arcecraft

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.

