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.

FEB 16 1937

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

Do not use this space.

681

1. PLACE OF DEATH

County Cole — Registration District No. 213 — File No.

Township — Primary Registration District No. 3014 — Registered No. 35

City Jefferson City, Mo. (No. St. Mary's Hosp St. Ward)

2. FULL NAME Joseph Wilson

(a) Residence, No. Linn, Mo. 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 4th, 1875

7. AGE: YEARS 61 — MONTHS 1 — DAYS 11 — 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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Warrenton, Mo.

FATHER
13. NAME: Thos P. Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marionville, Ky.

MOTHER
15. MAIDEN NAME: Elezebth Lepp
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marionville, Ky.

17. INFORMANT (ADDRESS): Mrs. Susan Wilson, Linn, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Aerial, Mo. DATE 1-17-37, 19

19. UNDERTAKER (ADDRESS): Morton Funeral Home, Linn, Mo.

20. FILED 1/18/ 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15, 1937

22. I HEREBY CERTIFY That I attended deceased from Dec 12, 1937, to Jan 15, 1937

I last saw him alive on Jan 15, 1937. Death is said to have occurred on the date stated above, at 10 A.m.

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

Uremia

Date of onset

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Other contributory causes of importance:
Chronic Nephritis
Chronic Cholecystitis
with Obstruction Cystic Duct

Name of operation Cholecystectomy Date of Jan 10-37

What test confirmed diagnosis? Physical Exam 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? No
If so, specify

(Signed) [signature] M. D.
(Address) Jefferson City Mo