

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.

APR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Boone
 Township Columbia
 City (No. _____) _____

Registration District No. 73
 Primary Registration District No. 5117

File No. 11133
 Registered No. 70

2. FULL NAME

Charlie Edward Wilcox

(a) Residence, No. Route 6 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. da. 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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Clarinda Wilcox</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 24 1868</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>6</u>
	DAYS <u>14</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>FARMER</u>	11. Total time (years) spent in this occupation _____
	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) _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hittlerre, Nebraska</u> <u>ILLINOIS</u>		
FATHER	13. NAME <u>Scyrus Wilcox</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont Know</u>	
MOTHER	15. MAIDEN NAME <u>Dont Know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont Know</u>	
17. INFORMANT (ADDRESS) <u>Mrs Sue Wilcox</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Providence</u> DATE <u>March 10th 1937</u>		
19. UNDERTAKER (ADDRESS) <u>A. O. Wilcox</u>		
20. FILED <u>3/10/37</u> <u>Allie Selby</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8th 1937

22. I HEREBY CERTIFY, That I attended, deceased from Sep 10th 1936, to Mar 8th 1937.
 I last saw him alive on Mar 8th 1927. Death is said to have occurred on the date stated above, at 3 P. m.
 The principal cause of death and related causes of importance were as follows:
Nalouar Insufficiency
Mitral Regurgitation
 Date of onset _____

Other contributory causes of importance:
AD

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) Lloyd Simpson, M. D.
 (Address) Columbia Mo.

