

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.

APR 21 1937

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

Do not use this space.
Williams F.H.
File No. 11977
Registered No. 0233
Ward

1. PLACE OF DEATH *Greene 36*
County.....
Township.....
City.....
2. FULL NAME.....
(a) Residence, No. *R#4* *2407 W. Olive* Ward.....
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 *Una G. Wilson*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 22 - 1877*
7. AGE YEARS *60* MONTHS *2* DAYS *9* If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Boiler maker*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Frisco R.R. Shop*
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 30* 19*37*
22. I HEREBY CERTIFY, That I attended deceased from *Mar 30* 19*37*, to *Mar 31* 19*37*
I last saw him alive on *Mar 30* 19*37*. Death is said to have occurred on the date stated above, at *1 a.m.*
The principal cause of death and related causes of importance were as follows:
Heart failure
Chronic myocardites
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*
13. NAME *Joseph L. Wilson*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky.*
15. MAIDEN NAME *Sarah Smith*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*
17. INFORMANT (ADDRESS) *Una G. Wilson*
18. BURIAL, CREMATION, OR REMOVAL *Green Lawn Cemetery April 1 1937*
19. UNDERTAKER (ADDRESS) *W. H. Shingler & Co. Springfield, Mo.*
20. FILED *Apr 1 1937* *Chas. A. George, Jr. Registrar*

Other contributory causes of importance:
gbc
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) *R.D. Sillsby*, M. D.
(Address) *Frisco R.R. Shop*

X7044

