

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 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Henry Registration District No. 347
Township Primary Registration District No. 3018
City Clinton (No.) St. Ward

File No. 12040
Registered No.

2. FULL NAME Bergsmus Franklin Wilson

(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 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 Erma A. Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-1-1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 5 30

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
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. 40 yrs

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

FATHER
13. NAME James Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER
15. MAIDEN NAME Martha Pawins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT Erma A. Wilson
(ADDRESS) Clinton, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Chinson, Kan DATE 4-4 1937

19. UNDERTAKER Fred E. Wilkinson
(ADDRESS) Clinton, Mo

20. FILED 4-8 1937 J. R. Hampton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-31 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-15 1937, to 3-31 1937.
I last saw him alive on 3-27 1937. Death is said to have occurred on the date stated above, at 7:15 P.M.

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

Primary tuberculosis and aortic atherosclerosis

Date of onset ?

Other contributory causes of importance:

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?
If so, specify

(Signed) H. S. Walker M. D.
(Address) Clinton Mo

JAN 19 1950

JAN 18 1950