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 Jackson — Registration District No. 460 — File No. 12171
Township Prairie — Primary Registration District No. 5553B — Registered No. 61
City ..... (No. Jackson, Count Home 5 St. ..... Ward)

2. FULL NAME Luther Wilson 1
(a) Residence, No. On J C Home St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. 6 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~~ Mrs. Luella Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12 - 12 - 1869

7. AGE: 58 — YEARS: 67 — MONTHS: 3 — DAYS: 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Produce dealer
10. Date deceased last worked at this occupation (month and year) 1933
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bates County Missouri

FATHER
13. NAME James T. Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Fannie Holt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Ernest Jackson On County Home

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE 3 - 29 1937

19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS 1401 Brush Creek Blvd.

20. FILED 3-27 1937 William T. Fields Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 25 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-20, 1936 to 3-25, 1936
I last saw him alive on 3-23, 1936 Death is said to have occurred on the date stated above, at 5 a m.
The principal cause of death and related causes of importance were as follows:
mitral regurgitation — Date of onset

Other contributory causes of importance: 92a

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical 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) J W Green M. D.
(Address) Independence 4 no

MAY 23 1959