

APR 28 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County ScottRegistration District No. 1151File No. 13784Township FornfeltPrimary Registration District No. 4588Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_2. FULL NAME James Arthur Wilhelm(a) Residence, No. Illmo, Mo. 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)

infant

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

infant

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Mch. 18 1937

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

## OCCUPATION

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

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)

Fornfelt, Mo.

## 13. NAME

Paul J. Wilhelm

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

New Hamburg, Mo.

## 15. MAIDEN NAME

Nellie Irine Riley

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

Morley, Mo.

## 17. INFORMANT (ADDRESS)

Paul J. Wilhelm  
Fornfelt, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Morley, Mo.DATE Mch. 18 1937

## 19. UNDERTAKER (ADDRESS)

Bisplinghoff & Hubbard  
Illmo, Mo.

## 20. FILED

3/11 1937W. A. Coy  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19 191

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h.  alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Date of case

Premature

ST. 11 60772

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) W. A. Coy, M. D.(Address) Illmo, Mo.

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.

