APR 29 1937

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

Do not use this space.

14027

1. PLACE OF DEATH
County Worth
Township Allen
City ..... (No. ..... St. ..... Ward)

Registration District No. 963 965
Primary Registration District No. 12
File No. ..... Registered No. .....

2. FULL NAME Henry Clay 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 14 1859

7. AGE: Years 78 | Months 3 | Days 8 | 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. Farmer
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) Missouri

FATHER
13. NAME Thomas Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

MOTHER
15. MAIDEN NAME Dont no
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont no

17. INFORMANT Emmett Wilson
(ADDRESS) Grant City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kidwell DATE Feb 24 1937

19. UNDERTAKER W G Noble
(ADDRESS) Newtonsville Mo

20. FILED 4/9 1937 Zach Mull M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 22 1937, to Feb 22 1937
I last saw him alive on Feb 22 1937. Death is said to have occurred on the date stated above, at 8 30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2-18-37

Other contributory causes of importance: 108

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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. J. Rase, M. D.
(Address) Grant City, 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.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

14027
Do not use this space.

1. PLACE OF DEATH
(a) County Worth
(b) Township Allen
(c) City
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 905
Primary Registration District No. 6216
Registered No.

2. PRINT FULL NAME Henry Clay Wilson
(a) Residence, No. ..... St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): W
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 14 - 1859
7. AGE: YEARS 78 MONTHS 3 DAYS 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as 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) Missouri

FATHER
13. NAME Thomas Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Emmett Wilson Grant City Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Kidwell DATE Feb 24 1937
19. FUNERAL DIRECTOR (ADDRESS) W. G. Noble New Hampton Mo
20. FILED Nov 11 1938 A L Perry Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 22 1937 to Feb 22 1937
I last saw her alive on Feb 22 1937 Death is said to have occurred on the date stated above, at 8-30 p.m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
Date of onset
Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis Clinical 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) P. J. Rose, M. D.
(Address) Grant City Mo

SUPPLEMENTARY

N.B.—Every item of information sh... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-14027