

MAY 17 1937

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

Do not use this space.

## 1. PLACE OF DEATH

1 County Adair  
Township Wilson  
City (No. ....) St. .... Ward)

Registration District No. 3  
Primary Registration District No. 5004

File No. 15543  
Registered No. ....

## 2. FULL NAME

(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 89 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 26" 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
89 2 21

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

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) Adair Co. Mo.

13. NAME Joel Wilson

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

15. MAIDEN NAME Angie Davidson

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

17. INFORMANT Mr. C. T. Woods  
(ADDRESS) La Plata, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Wilson Town DATE Apr. 19" 1937

19. UNDERTAKER F. R. Easley  
(ADDRESS) La Plata, Mo.

20. FILED April 21, 1937 Alveta Collins  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 17" 1937

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1937, to April 17, 1937  
I last saw him alive on April 17, 1937. Death is said to have occurred on the date stated above, at 7:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Intestinal Fla Date of onset 4-12-37

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. M. Humphreys, M. D.  
(Address) La Plata, 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.

