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.

MAY 20 1937

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

Dr. Walsh
Do not use this space.

1. PLACE OF DEATH

County Greene — Registration District No. 318 — File No. 16335

Township — Primary Registration District No. 2001 — Registered No. 0304

City Springfield, Mo. (No. 1634 N. Clay St. Ward)

2. FULL NAME Joseph. H. Wilson

(a) Residence, No. 1634 N. Clay 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 Sarah E. Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28, 1866

7. AGE: YEARS 70 — MONTHS 4 — 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. Store Room
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Trucker
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller County Mo.

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

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

17. INFORMANT (ADDRESS) Mrs. Sarah E. Wilson Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hazelwood DATE 4/8/37, 19

19. UNDERTAKER (ADDRESS) Herman Lohmeyer Funeral Home Springfield, Mo.

20. FILED Apr 8, 1937 Chas A George Mo Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/6, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/2, 1937, to 4-6, 1937
I last saw him alive on 4/6/37, 19 Death is said to have occurred on the date stated above, at 10 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 4/2/37

Other contributory causes of importance: Arterio sclerosis — unknown

Name of operation None — Date of
What test confirmed diagnosis? Physicians — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No — 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) W. T. Walsh, M. D.
(Address) Springfield Mo