

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

Do not use this space.

MAY 20 1937

1. PLACE OF DEATH

County Henry
Township Fairview
City Deepwater (No. St. Ward)

Registration District No. 351
Primary Registration District No. NR08

File No. 16476
Registered No. 6

2. FULL NAME Theo 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 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-24-1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 3 18

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

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) St Louis (STATE OR COUNTRY) Missouri

13. NAME Calvin Kelley Wilson

14. BIRTHPLACE (CITY OR TOWN) Lexington (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Elizabeth Aulgar

16. BIRTHPLACE (CITY OR TOWN) Jala (STATE OR COUNTRY) Kansas

17. INFORMANT Glaude E Wilson (ADDRESS) Jala Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Teays Chapel DATE April 15 1937

19. UNDERTAKER Tom Hurst (ADDRESS) Deepwater, Missouri

20. FILED 4-15 1937 J. J. Jones Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-12 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-9 1937, to 4-14 1937

I last saw him alive on 4-7 1937 Death is said to have occurred on the date stated above, at 8 P. m.

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

Acute Peritonitis Date of onset

Other contributory causes of importance: Senility

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) J. J. Jones M. D.

(Address) Deepwater, 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.

