

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

Do not use this space.

1. PLACE OF DEATH
JUN 23 1937

County Johnson
Township Warrensburg
City Warrensburg (No.)

Registration District No. 421
Primary Registration District No. 5023

File No. 20464
Registered No. 47
St. Ward

2. FULL NAME James W. Wilson

(a) Residence, No. St. Ward. 1
(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 Married (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26 - 1882

7. AGE YEARS 53 MONTHS 9 DAYS 19 If LESS than 1 day, hrs. or min.

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

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) Johnson Co. Mo.

13. NAME F. D. Wilson

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

15. MAIDEN NAME Caddie Daves

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

17. INFORMANT (ADDRESS) Mrs Jas W. Wilson
Warrensburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Coalburn DATE 15-17-37

19. UNDERTAKER (ADDRESS) Dwency Phillips
Warrensburg, Mo.

20. FILED May 17, 1937 Erfa Gentry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-15-1937

22. I HEREBY CERTIFY, That I attended deceased from 19... to... 19... I last saw him alive on Sudden, 1937. Death is said to have occurred on the date stated above, at 6:30 a.m. The principal cause of death and related causes of importance were as follows:

Myocarditis
Date of onset
Other contributory causes of importance:
None

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. S. Bradley M. D. (Address) Warrensburg 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.

