

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

JUL 28 1937

23756

1. PLACE OF DEATH
County Wayne Registration District No. 318
Township Wayne Primary Registration District No. 2001 File No. 544
City Waynesville (No. Surge Hospital) Registered No. 544 Ward

2. FULL NAME Robert Wilcox
(a) Residence, No. Bolivar Mo. 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) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 1928

7. AGE YEARS 9 MONTHS 0 DAYS 16 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
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) Bolivar Mo.

FATHER
13. NAME Willard Wilcox
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bolivar Mo.

MOTHER
15. MAIDEN NAME Irene Slagle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bolivar Mo.

17. INFORMANT Willard Wilcox
(ADDRESS) Bolivar Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bolivar Mo. DATE 6/29 1937

19. UNDERTAKER Hutchinson & Blue Funeral Home
(ADDRESS) Bolivar Mo.

20. FILED June 26, 1937 Chas. A. Georgetown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-28, 1937, to 6-29, 1937.
I last saw him alive on 6-29, 1937. Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:
Pneumonia Date of onset 6-27
Ruptured appendix
Other contributory causes of importance: Pleurisy 12/1 6-28
None

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) Walter B. Bessel, M. D.
(Address) Springfield, Mo.

50M-22-36
1-1-33B14

