

JUL 31 1937

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

Do not use this space.

Kenley
25022

1. PLACE OF DEATH

County Scott
Township Richland
City Sikeston (No. 2)

Registration District No. 821
Primary Registration District No. 6070

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Billy 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) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 6 - 37

7. AGE YEARS MONTHS DAYS If LESS than 1 day, X hrs. or min. 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Sikeston (STATE OR COUNTRY) MO.

FATHER 13. NAME Bill Wilson

14. BIRTHPLACE (CITY OR TOWN) ORAN MO (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Wanda Browning

16. BIRTHPLACE (CITY OR TOWN) Sikeston MO (STATE OR COUNTRY)

17. INFORMANT Guy Browning (ADDRESS) Sikeston MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Crematory DATE 6-21-37

19. UNDERTAKER Jah. Albritton (ADDRESS) Sikeston Mo.

20. FILED 7-2-37 W. H. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 6-21-37, 1937, to 6-21-37, 1937

I last saw h. in still home, 1937. Death is said to have occurred on the date stated above, at 3⁴⁵ m.

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

autotracheal suffocation from Kefauver cord - 8 mos. Asthma.

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical 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 _____, 1937

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) Howard M. Keud, M. D.

(Address) Sikeston Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

