

AUG 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County Linn Registration District No. 504 File No. 27700
Township Grantsville Primary Registration District No. 5667 Registered No. 8
City (No. St. Ward)

2. FULL NAME

William Wilson

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ida Francis Wilson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 9, 1867</u>		
7. AGE <u>69</u>	YEARS <u>11</u>	MONTHS <u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		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) <u>Linn County Missouri</u>		
13. NAME <u>Andrew Wilson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pittsburg Pa.</u>		
15. MAIDEN NAME <u>Sarah Morse</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Columbus Ohio</u>		
17. INFORMANT <u>Mrs Ida Wilson</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cemetery Bear Branch</u> DATE <u>July 20, 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Hills Funeral Chapel Brookfield</u>		
20. FILED <u>7-20-1937</u> <u>U C Dryden</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 193722. HEREBY CERTIFY, That I attended deceased from July 17, 1937, to July 19, 1937I last saw him alive on July 17, 1937. Death is said to have occurred on the date stated above, at _____ m.

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

Sarcoma of maxilla

Date of onset

unknownOther contributory causes of importance: 40Name of operation None Date of _____What test confirmed diagnosis? Chemical 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? No

If so, specify _____

(Signed) J. H. Evans M. D.(Address) Brookfield Mo

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

