

SEP 15 1937

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

Do not use this space.

30316

## 1. PLACE OF DEATH

County Cape GirardeauRegistration District No. 125

Township

Primary Registration District No. 3009

City

(No. 8)

File No. ....

Registered No. 244

St. .... Ward

2. FULL NAME William Thomas Wildes(a) Residence, No. House 3 Cape 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<br><u>Male</u>                                                           | 4. COLOR OR RACE<br><u>White</u>                                                            | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jane Wildes</u> |                                                                                             |                                                                             |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 24 1860</u>                    |                                                                                             |                                                                             |
| 7. AGE YEARS<br><u>77</u>                                                       | MONTHS<br><u>6</u>                                                                          | DAYS<br><u>10</u>                                                           |
|                                                                                 |                                                                                             | If LESS than 1 day, ..... hrs. or ..... min.                                |
| OCCUPATION                                                                      | 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 .....                       |

|                                                           |                                                                             |
|-----------------------------------------------------------|-----------------------------------------------------------------------------|
| MOTHER                                                    | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Perou Ohio</u>          |
|                                                           | 13. NAME <u>Andrew Wildes</u>                                               |
|                                                           | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont know</u>           |
|                                                           | 15. MAIDEN NAME <u>Jane Wakefield</u>                                       |
|                                                           | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jeru.</u>               |
|                                                           | 17. INFORMANT (ADDRESS) <u>Mrs J J Green Cape Gir</u>                       |
| MOTHER                                                    | 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sacrament</u> DATE <u>8/5 37</u> |
|                                                           | 19. UNDERTAKER (ADDRESS) <u>Devers Testa Cape Girardeau Mo</u>              |
| 20. FILED <u>8-4 1937</u> <u>g.m. Thompson</u> Registrar. |                                                                             |

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... 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:

D. E. R. Driskay coroner of Cape Girardeau County in State of Missouri in Cape Girardeau Ship found the Deceased W. T. Wildes came to his death by heart failure.

Other contributory causes of importance:

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) E. R. Driskay Coroner

(Address) H. S. Pacific St Cape Girardeau 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.

