

SEP 21 1937

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

Do not use this space.

31292

1. PLACE OF DEATH

County Montgomery  
Township  
City Wellsville (No. .... St. .... Ward)

Registration District No. 595  
Primary Registration District No. 4353

File No. 18  
Registered No. 18

2. FULL NAME

James William Wilson

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

Length of residence in city or town where death occurred 56 yrs. .... mos. .... ds. How long in U. S. If of foreign birth? yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

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

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1930, to Aug 29, 1937

I last saw him alive on Aug 29, 1937 Death is said to have occurred on the date stated above, at 1:30 p.m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-15-1881  
7. AGE YEARS 56 MONTHS DAYS 14 If LESS than 1 day, .... hrs. or .... min.

Uraemia (acute) 8/28/37

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

Other contributory causes of importance: (Diffuse) Arterio Sclerosis ? yes  
Hypertension  
Nephritis, Chronic  
paraneurymal

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wellsville Mo

Name of operation — Date of —  
What test confirmed diagnosis? — Was there an autopsy? no

13. NAME William Wilson

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

15. MAIDEN NAME Mary Hayden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Clifford T. Pehne Wellsville Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Wellsville Mo DATE Aug-31, 1937

19. UNDERTAKER (ADDRESS) J. W. Pehne Wellsville Mo

20. FILED Aug 31, 1937 Mrs. M. M. Mc Dermott Registrar

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? Yes  
If so, specify He was in a lead in a machine  
(Signed) — M. D.  
(Address) Wellsville Mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS SHOULD STATE

