

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

Do not use this space.

NOV 18 1937

2
1

36652

1. PLACE OF DEATH

County

Jackson

Registration District No.

399

Township

1st

Primary Registration District No.

106

City

Warrensburg City

(No.

3301

Warfield

File No.

Registered No.

51081

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

3301

St.

Warfield

Ward.

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male

Wh.

Married

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

Harvey F. Wilson

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

Feb. 27-1872

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

2
35
1
31

65

7

18

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

None.

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

Sept 1937

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

Leopoldtown Mo.

13. NAME

Daniel Williams

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

Mo.

15. MAIDEN NAME

Amanda M. Triplett

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

Wicksburg

17. INFORMANT

(ADDRESS)

Harvey F. Wilson
3301 Warfield

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Highland Park C.C.K.

DATE

Oct 12

1937

19. UNDERTAKER

(ADDRESS)

Eyles Funeral Home
11. C. Mo.

20. FILED

Oct 11 1937 M. M. Cronin
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Oct. 10 1937

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 1937, to Oct. 10, 1937

I last saw him alive on Oct. 9, 1937 Death is said

to have occurred on the date stated above, at 11:30 a.m.

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

Carcinoma of Stomach Date of onset
Carcinoma of Lungs Date of onset
Ascites 46a

Other contributory causes of importance:

Primary location
Cardiac end of
greater curvature

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

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) Francis J. Carey, M. D.

(Address) Kansas City, Kansas

John Berry

