

NOV 22 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County PettisTownship SedaliaCity SedaliaRegistration District No. 265Primary Registration District No. 5889(No. 1)File No. 38472Registered No. 30668St. Mo. Ward 12. FULL NAME Louis William Wilson(a) Residence, No. R.F. D 1 Sedalia, Mo. St. Mo. Ward 1Length of residence in city or town where death occurred 30 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>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amelia Wilson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 29, 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or min.
<u>27</u>	<u>67</u>	<u>9</u>	<u>29</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation 2912. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton County13. NAME Charles Wilson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Rebecca Dasher16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Charles Wilson (ADDRESS) Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park DATE Oct 30, 193719. UNDERTAKER M. J. Laughlin Bros (ADDRESS) Sedalia20. FILED Oct 30, 1937 John Slack Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28, 193722. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1937 to Oct 28, 1937I last saw him alive on Oct 8, 1937. Death is saidto have occurred on the date stated above, at 12:15 a.m.

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

Angina PectorisDate of onset 940

Other contributory causes of importance:

Rheumatism

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

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 Obesity(Signed) Ed. Squawley M. D.(Address) Sedalia 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.

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