

DEC 16 1937

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

Do not use this space.

41058

1. PLACE OF DEATH

County Cooper
Township
City Boonville, Mo. (No. West High Street)

Registration District No. 218
Primary Registration District No. 3015

File No.
Registered No. 99 St. Ward

2. FULL NAME

George W. Wilson

(a) Residence, No. West High Street 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 <u>Male</u>	4. COLOR OR RACE <u>COLORED</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>ANNA LOUISE WILSON</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>JUNE 22, 1870.</u>		
7. AGE	YEARS	MONTHS
<u>52</u>	<u>67</u>	<u>4</u>
		DAYS
		<u>14</u>
		IF LESS than 1 day,hrs. ormin.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>PEDDLER</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) FRANKLIN, MO.
(STATE OR COUNTRY)13. NAME CYRUS WILSON14. BIRTHPLACE (CITY OR TOWN) HOWARD COUNTY, MO.
(STATE OR COUNTRY)15. MAIDEN NAME HANNAH BIRD16. BIRTHPLACE (CITY OR TOWN) EATON ROUGE, LA.
(STATE OR COUNTRY)17. INFORMANT MRS. ANNA LOUISE WILSON
(ADDRESS) WEST HIGH ST. BOONVILLE, MO.18. BURIAL, CREMATION, OR REMOVAL PLACE BOONVILLE CITY DATE NOV. 7, 193719. UNDERTAKER J. M. Mestery
(ADDRESS) Boonville, Mo.20. FILED Nov 6 1937 R. Cooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5, 193722. I HEREBY CERTIFY, That I attended deceased from July 15, 1937 to Nov 5, 1937I last saw him alive on Nov. 5, 1937. Death is said to have occurred on the date stated above, at 2.45 A.M.

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

Pneumonia
Hypostatic
Infiltration

Date of onset

Other contributory causes of importance:
Chronic Interstitial Nephritis

Name of operation none Date ofWhat test confirmed diagnosis? Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) M. S. McGuire, M. D.(Address) Boonville, 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.

