DEC 17 1937

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

Do not use this space.

Dr. Rainwater

File No. 41264

Registered No. 1072

1. PLACE OF DEATH

County Greene

Township

City Springfield, (No. 1936 Roosevelt St. Ward)

Registration District No. 318

Primary Registration District No. 2001

2. FULL NAME Carney E. Wilson

(a) Residence, No. 1936 Roosevelt 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: Male

4. COLOR OR RACE: White

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sadie Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 3, 1903

7. AGE: Years 34 Months 3 Days 9 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) (STATE OR COUNTRY): Sedalia Missouri

FATHER

13. NAME: Carney Wilson

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

MOTHER

15. MAIDEN NAME: Mathilda Tremain

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

17. INFORMANT (ADDRESS): Mrs. Sadie Wilson Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Eldon, Mo. DATE Nov. 14, 1937

19. UNDERTAKER (ADDRESS): H.H. Lohmeyer Funeral Home Springfield, Mo.

20. FILED Nov 14 1937 Chas A George M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5 1937, to Nov. 12 1937

I last saw him alive on Nov. 12 1937. Death is said to have occurred on the date stated above, at 9 a. m.

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

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

none

Name of operation none Date of

What test confirmed diagnosis Clinical 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? No

If so, specify

(Signed) E. H. Rainwater, M. D.

(Address) 432 Med Arts Springfield Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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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