

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

Do not use this space.

JAN 17 1938

1. PLACE OF DEATH

County Christian
Township N. Yellow
City _____

Registration District No. 184
Primary Registration District No. 5256

File No. 45071
Registered No. 38

2. FULL NAME

Louis Wild

(a) Residence, No. _____ 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) Carnie Wild

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 10 14

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 13
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) Michigan

MOTHER FATHER
13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Carnie Wild

18. BURIAL, CREMATION, OR REMOVAL PLACE Homeville DATE Nov 16 1937

19. UNDERTAKER (ADDRESS) J. B. Chebbin

20. FILED Jan 17 1938 Laurel Leonard Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15 1937

22. I HEREBY CERTIFY, That I attended deceased from 11, 12, 37, 19, to 11, 15, 37, 19.

I last saw him alive on 11, 14, 37, 19. Death is said to have occurred on the date stated above, at 1 P. m.

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

Cardiac decompensation-
Mitral insufficiency.

Date of onset 1937
Nov.
12

Other contributory causes of importance: 92a

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys. 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) J. M. Muck, M. D.
(Address) Springfield, Missouri.

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.

