JAN 17 1938

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

Do not use this space.

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1. PLACE OF DEATH

County: Cole — Registration District No.: 213

Township: — Primary Registration District No.: 3014

City: Jefferson City (No. Missouri, St. Ward)

File No.: 45142

Registered No.: 314

2b
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2. FULL NAME Fred Wilder #43031

(a) Residence, No. State Penitentiary St. Jefferson City Ward Missouri.
(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: Dont Know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 22, 1894

7. AGE: Years 43 — Months 3 — Days 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber 2b

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown

10. Date deceased last worked at this occupation (month and year): Unknown

11. Total time (years) spent in this occupation: Unkn

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 31

FATHER

13. NAME: Unknown 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 31

MOTHER

15. MAIDEN NAME: Unknown 31

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

17. INFORMANT (ADDRESS): Mo. State Prison

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Oklahoma City DATE: Dec. 4 1937

19. UNDERTAKER (ADDRESS): Thorn Gordon Undtake. Co. Jefferson City Missouri

20. FILED 12/6/1937 A. B. Segel M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 3 1937

22. I HEREBY CERTIFY, That I attended deceased from Nove. 27 1937 to Dec. 3 1937, 19..... I last saw him alive on Dec. 3 1937, 19..... Death is said to have occurred on the date stated above, at 9PnM m.

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

	Date of onset
Acute Lymphatic Leukemia	

Other contributory causes of importance:

Name of operation: None 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, 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

(Signed) M. M. Rambo, M. D.

(Address) Prison Physician Jefferson City 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.