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.

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

Do not use this space.

JAN 25 1938

1. PLACE OF DEATH

99 County Saline — Registration District No. 995 — File No. 46821

Township Grand Pass — Primary Registration District No. 6538 — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Sylvan Thomas Wilson

(a) Residence, No. Malta Bend, Mo. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella Bibbee Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16, 1850

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
87	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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) Adams County Ill.

FATHER

13. NAME Johnathan S. Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER

15. MAIDEN NAME Sarah Griffin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Dionis R Wilson Malta Bend, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Matla Bend Cem. DATE Dec. 21, 1937

19. UNDERTAKER (ADDRESS) R. W. Campbell Marshall, Mo.

20. FILED 12-21, 1937 Raymond Spencer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-20, 1935, to 12-19, 1937
I last saw him alive on Dec. 19, 1937. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset 2

93C

Other contributory causes of importance:
Arteriosclerosis

Name of operation ..... 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) Leoburn Ellis, M. D.
(Address) Malta Bend, Mo.