

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

Do not use this space.

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2388

1. PLACE OF DEATH
 County Chariton Registration District No. 171
 Township Ray Primary Registration District No. 4120
 City Ray (No.) St. Ward
 2. FULL NAME Henry Wilson 425
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9 - 1873
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 — 7
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
 10. Date deceased last worked at this occupation (month and year) Jan 1 1938 11. Total time (years) spent in this occupation Life
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rayfield Mo
 13. NAME Geo Wilson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ornt Tenn
 15. MAIDEN NAME Mary Long
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ornt Tenn
 17. INFORMANT (ADDRESS) Frank Wilson Kansas City Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Ray DATE Jan 27 1938
 19. UNDERTAKER (ADDRESS) Ray
 20. FILED 1938 Mr. Raymond Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16 1938
 22. I HEREBY CERTIFY That I attended deceased from 19....., to 19.....
 I last saw h..... live on 19..... Death is said to have occurred on the date stated above, at 1:30 Pm.
 The principal cause of death and related causes of importance were as follows:
Intoxicated when lost
seen found dead in bed
breath - about 10 hours
after last seen
Probable heart failure
 Other contributory causes of importance:
Chronic diabetes
 Date of onset
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was _____ 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 whether injured while engaged in (Specify city or town, county, and State) _____
 (Specify city or town, county, and State) _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. S. ... M. D.
 (Address) Salisbury Mo
Coroner

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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