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.

I X9314

REC'D APR 20 1938

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

Do not use this space.

1. PLACE OF DEATH
County Jasper
Township Mineral
City TB Hospital (No. ..., ... St. Pettis Co. Ward)
Registration District No. 413
Primary Registration District No. 5559 C
File No. 11134
Registered No. 16

2. FULL NAME Frank A. Wilson 425
(a) Residence, No. 1415 So Park St., ... Ward. Sedalia
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred ~~[illegible]~~ yrs. 10 mos. 10 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 ~~RUSBAND OF (OR) WIFE OF~~ Narley Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 19-1878

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
59	2	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
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) New York

FATHER
13. NAME N. P. Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

MOTHER
15. MAIDEN NAME Carry Snow
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT (ADDRESS) Removal

18. BURIAL, ~~CREMATION, OR REMOVAL~~ to Bunceton, Mo 3/3/38
PLACE Sedalia DATE 3/1, 1938

19. UNDERTAKER (ADDRESS) Gillespie Undertaking Co Sedalia

20. FILED 3-10, 1938 Harry A Weaver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 17, 1937, to March 1, 1938
I last saw him alive on March 1, 1938 Death is said to have occurred on the date stated above, at 7 40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Tuberculous Laryngitis	

Other contributory causes of importance: JJW

Name of operation None Date of
What test confirmed diagnosis? Pos Spu Was there an autopsy? No

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) Jesse E. Douglass, M. D.
(Address) Webb City

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