

REC'D JUN 23 1938

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

Do not use this space.

18925

1. PLACE OF DEATH

County Monson
Township South fork
City (No.) St. Ward

Registration District No. 586
Primary Registration District No. 5784

File No. 6
Registered No. 6
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward

(Usual place of abode)

1495

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 10 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 7 9 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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 life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe, Co. Mo13. NAME W. W. Wilson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett Mo15. MAIDEN NAME Maryetta Epperson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rolla Mo17. INFORMANT Miss Lucie Dilem (Sister)18. BURIAL, CREMATION, OR DISPOSAL PLACE Santa Fe DATE June 8 193819. UNDERTAKER (ADDRESS) Simple & Hanger Santa Fe20. FILED June 10 1938 E. J. Drake Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1938 193822. I HEREBY CERTIFY, That I attended deceased from May 30 1938 to June 6 1938

I last saw him alive on June 5 1938 Death is said to have occurred on the date stated above, at 10 A. m.

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

Chronic Myocarditis - Date of onset

Other contributory causes of importance:

Arteriosclerosis
Senility

Name of operation Date of

What test confirmed diagnosis? Physical Exam 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) R. T. Van Housden M. D.
Medicine, Mo
5116 (Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

