

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

REC'D JUN 9 1938

19158

1. PLACE OF DEATH

County Pettis
 Township Sedalia
 City Sedalia (No. 42.5)

Registration District No. 668
 Primary Registration District No. 38.8

File No. 181
 Registered No. 668
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1130 Cooper St., _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS Unknown Unknown Unknown If LESS than 1 day, _____ hrs. or _____ min.

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

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

10. Date deceased last worked at this occupation (month and year) about 1925 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Blackburn (STATE OR COUNTRY) Mo

13. NAME William Wilson

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

15. MAIDEN NAME Patsy White

16. BIRTHPLACE (CITY OR TOWN) Saline Co. Mo. (STATE OR COUNTRY) Mo.

17. INFORMANT Julia Presley (ADDRESS) Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia Mo DATE 6-8 1938

19. UNDERTAKER F. D. Ferguson (ADDRESS) Sedalia

20. FILED June 3, 1938 Jeann Slack Registrar.

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

22. I HEREBY CERTIFY, that I attended deceased from as Common Case only, 19____
 I last saw as Common Case only, 19____ Death is said

to have occurred on the date stated above, at 1:30 P.m.
 The principal cause of death and related causes of importance were as follows:

Cornary embolism Date of onset _____

Other contributory causes of importance: Chronic nephritis
Chronic hepatitis
Myocarditis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

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) Jeann Slack, M. D.

(Address) Common 9th St. Co

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

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

1915-8
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
(b) Township Sedalia Primary Registration District No. 3032 Registered No. 181
(c) City Sedalia (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

George Lee Wilson
(a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE Cal 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) unk

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
unk - apt 43

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Common
9. Industry or business in which work was done, as saw mill, bank, etc. Laborer
10. Date deceased last worked at this occupation (month and year) apt 11-22
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Blackburn
(STATE OR COUNTRY)

FATHER
13. NAME William Wilson

14. BIRTHPLACE (CITY OR TOWN) unk
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Patsy White

16. BIRTHPLACE (CITY OR TOWN) unk
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Julius Presley
Sedalia

18. BURIAL, CREMATION, OR REMOVAL PLACE Marshall DATE 6-4 1938

19. FUNERAL DIRECTOR (ADDRESS) 710 Ferguson
Sedalia

20. FILED 6-7 1938 George Black
Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from a coroner's case to care, 19____
I last saw him a coroner's case 19____ Death is said to have occurred on the day stated above, at 1-30 P
The principal cause of death and related causes of importance were as follows:

Coronary embolism Date of onset 131

Other contributory causes of importance:
Chronic Nephritis
Chronic Hepatitis
Myo Carditis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

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) Gordon Stauffacher M.D.

(Address) Pettis County no

