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.

REC'D JUL 19 1938

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

Do not use this space.

21520

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 124 — File No.
Township ~~[illegible]~~ — Primary Registration District No. 4070 — Registered No. 26
City Jackson (No. ..... St. ..... Ward)

2. FULL NAME Benjamin Franklin Wilson
(a) Residence, No. Jackson 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 Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Wilson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1-1878
7. AGE YEARS 60 MONTHS 5 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer day
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) June 13, 38
11. Total time (years) spent in this occupation 40

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

FATHER
13. NAME Richard Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Mo.

MOTHER
15. MAIDEN NAME Almeda Randal
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Green Wilson Butchtown Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE June 16 1938
19. UNDERTAKER (ADDRESS) Cragoff Miller Jackson Mo.
20. FILED 6-15 1938 D. G. Seibert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Date of onset

We the Jury duly sworn by E R Trickey Coroner of Cape County after hearing the evidence given in the case We the Jury find the deceased Ben Wilson met his death by

Other contributory causes of importance:
Unavoidable accident
Hit by auto-mobile

Name of operation 210 m Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury June 13, 1938
Where did injury occur? ~~[illegible]~~ Jackson Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
on public street
Manner of injury Hit by auto mobile
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) E. R. Trickey Coroner, ~~M.D.~~
(Address) 11 S. Pacific St Cape Gir. Mo.