

REC'D OCT 6 1938

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

32058
Do not use this space.

1. PLACE OF DEATH
(a) County Dade Registration District No. 237
(b) Township Center Primary Registration District No. 4148 Registered No. _____
(c) City Greenfield, mo (d) Street No. _____ St. _____
(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 Samuel David 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Etta Wilson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15 - 1867
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 71 2 23
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as 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) Barry County, Mo
13. NAME Alf Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry County, Mo
15. MAIDEN NAME Susan Garner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper County
17. INFORMANT Mrs. Jessie M. Yurke (ADDRESS) Greenfield, mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Greenfield, mo DATE 9-11-38
19. FUNERAL DIRECTOR Angus Coy - Harrison (ADDRESS) Greenfield, mo
20. FILED 9-12-38 Geo. L. Weir Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-8-1938
22. I HEREBY CERTIFY, That I attended deceased from August 25, 1938, to Sept 8, 1938
I last saw him alive on Sept 8, 1938 Death is said to have occurred on the date stated above, at 9:05 AM.
The principal cause of death and related causes of importance were as follows:
Myocarditis, acute
Arteriosclerosis, general
Date of onset Aug 19 1938
Other contributory causes of importance: Chronic nephritis act 1934
Name of operation _____ 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? _____ 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) J. D. Shannon M.D.
(Address) Greenfield, mo

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

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 10/19/38

STATEMENT BY LICENSED EMBALMER

I, A. D. Muirddie, Licensed Embalmer No. 3786

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

A. D. Muirddie

Licensed Embalmer No. 3786

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH

(a) County Stade Registration District No. 237
 (b) Township Greenfield Primary Registration District No. 4145 Registered No.
 (c) City Greenfield (d) Street No.
 (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 Samuel David Wilson

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

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) wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-8-38

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

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.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 2 23

Date of onset

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

Other contributory causes of importance:

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

Name of operation Date of

13. NAME

What test confirmed diagnosis? Was there an autopsy?

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

23. If death was due to external causes (violence), fill in also the following:

15. MAIDEN NAME

Accident, suicide, or homicide? Date of injury ... 19...

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

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT (ADDRESS)

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury

PLACE DATE 19...

Nature of injury

19. FUNERAL DIRECTOR (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? If so, specify

20. FILED 9-12-38 19... Geo L. W. W. Jr. Local Registrar

(Signed) J. D. Shannon, M.D.
 (Address) Greenfield, Mo.

SUPPLEMENTARY

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

Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important.

S-32058