

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

32675
 Do not use this space.

REC'D OCT 18 1938

1. PLACE OF DEATH

(a) County Livingston Registration District No. 508
 (b) Township Chillicothe Primary Registration District No. 3026 Registered No. 296
 (c) City Chillicothe (d) Street No. Enroute to Chillicothe Hospital 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 Howard Olen Wilson

(a) Residence, No. 917 Ann 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 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 11, 1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
17 11 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student
 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) Chillicothe 0
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Leslie D. Wilson 0
 14. BIRTHPLACE (CITY OR TOWN) Carroll County 0
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Goldie Davis
 16. BIRTHPLACE (CITY OR TOWN) Livingston County
 (STATE OR COUNTRY) Missouri

17. INFORMANT Leslie D. Wilson
 (ADDRESS) 917 Ann - Chillicothe, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Blue Mound Cem. DATE Oct. 10, 1938

19. FUNERAL DIRECTOR (NAME) Frank B. Norman
 (ADDRESS) Chillicothe, Missouri

20. FILED Oct. 10, 1938 Darius M. Dawes, M.D.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 8 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1938, to Oct. 8, 1938
 I last saw him alive on Oct. 8, 1938 Death is said to have occurred on the date stated above, at 6:45 P.M.
 The principal cause of death and related causes of importance were as follows:

accidentally shot in right temple while cleaning a gun
 Date of onset Oct. 8

Other contributory causes of importance: 184

Name of operation none Date of 11
 What test confirmed diagnosis? suicide Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? suicide Date of injury Oct. 8, 1938
 Where did injury occur? Chillicothe, Mo.
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
in his home
 Manner of injury gun shot white
 Nature of injury cleaning gun

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify suicide
 (Signed) [Signature] M. D.
 (Address) Chillicothe, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Elton F. Norman & E. R. Norman (2374), or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri

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

If this body is not embalmed, above space should be left blank.