

REC'D OCT 26 1938

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

Do not use this space.

1. PLACE OF DEATH

County St. Francois Registration District No. 774
Township St. Francois Primary Registration District No. 4405
City Flat River Mo. St. _____ Ward _____

File No. 33191
Registered No. 872

2. FULL NAME

Joseph Martin Wildman H 9"
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode) (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

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widower</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>aug 16 1856</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>1</u>	DAYS <u>24</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>
	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) Mo

13. NAME Joseph M. Wildman

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

15. MAIDEN NAME Ellen Turpin

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

17. INFORMANT (ADDRESS) Jess Wildman
FLAT RIVER MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE 10-5

19. UNDERTAKER (ADDRESS) Jos Diemer
FLAT RIVER MO

20. FILED 10/9 1938 C. B. Arrowood Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-3, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-25, 1938, to 10-3, 1938.
I last saw him alive on 10-2, 1938. Death is said to have occurred on the date stated above, at 5:00 m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset 9-25-38

Other contributory causes of importance:
arterial sclerosis with chronic nephritis & anemia
myocarditis

Name of operation None Date of _____
What test confirmed diagnosis Wright & Hays' exam 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? Yes

If so, specify (Signed) Paul L. Jones, M. D.
Flat River, Mo (Address)

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

