DEC 19 1938

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

39250
Do not use this space.

1. PLACE OF DEATH
(a) County GRUNDY 2 Registration District No. 326
(b) Township 1 Primary Registration District No. 4196 Registered No. 17
(c) City SPICKARD (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 THOMAS SHERIDAN 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: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Clara WILSON
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JULY 20 1865
7. AGE: YEARS 73 MONTHS 4 DAYS 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. Shipper Poultry Cream Eggs
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): SPICKARD Mo

FATHER
13. NAME: BAKER WILSON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): INDIANA

MOTHER
15. MAIDEN NAME: Correna Reid
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mercer County Missouri

17. INFORMANT (ADDRESS): Clara Wilson Spickard Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE: MASONIC SPICKARD Mo DATE: 11-28 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): CHAS E SCHOOLER SPICKARD Mo
20. FILED: Nov 28, 1938 Mrs Wilbur Vaughn Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 26, 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1938, to Nov 26, 1938
I last saw him alive on Nov. 26, 1938 Death is said to have occurred on the date stated above, at 3 p m.
The principal cause of death and related causes of importance were as follows:

Purulent Infection or Septicemia
(Source of infection not determined - no local lesion)

Date of onset

Other contributory causes of importance:
none
36

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical 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) Wm A Fuson, M. D.
(Address) Trenton Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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, Ross Wise, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Ross Wise

Licensed Embalmer No. 3771

P. O. Address Lockard M

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.