

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

42033
Do not use this space.

JAN 13 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Carr Primary Registration District No. 1802
 (c) City M.C. Mo (d) Street No. Mersey 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. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Robert Wilson Mersey Hospital
 (a) Residence, No. Atterville Mo. 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) Feb. 13 - 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
14 10 15

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) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Paul R. Wilson

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

MOTHER 15. MAIDEN NAME Mabel Burns

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

17. INFORMANT (ADDRESS) Mother Atterville

18. BURIAL, CREMATION, OR REMOVAL PLACE Atterville Mo. DATE 12/29 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Susins Parker Atterville Mo.

20. FILED Dec 29 1938 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-29 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-31, 1938 to 12-28, 1938

I last saw him alive on 12-28, 1938 Death is said to have occurred on the date stated above, at 12:00 p.m.

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

Generalized peritonitis following ruptured appendix

Other contributory causes of importance: Subdiaphragmatic abscess

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes.

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? _____
 If so, specify _____
 (Signed) M. B. Lodenberg, M. D.
 (Address) 5017 Wyandotte

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.