DEC 8 JAN 25 1938

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

43414
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper Registration District No. 411
(b) Township Galena Primary Registration District No. 2002 Registered No.
(c) City Joplin (d) Street No. St Johns 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 Nat K WILSON
(a) Residence, No. OAKLAND St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MARIE.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 19-1888
7. AGE YEARS 50 MONTHS 2 DAYS 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
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) Seneca Mo.

FATHER
13. NAME Nathan Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Mary Crabtree
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs Marie Wilson Joplin Mo
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Oz Mem DATE 12/29 38
19. FUNERAL DIRECTOR (NAME) (ADDRESS) HURLBUT UND CO JOPLIN MO
20. FILED 12-28 1938 Ed D James Local Registrar. 37

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-25, 1938
22. I HEREBY CERTIFY, That I attended deceased from 12-25, 1938 to 12-25, 1938
I last saw him alive on 12-25, 1938 Death is said to have occurred on the date stated above, at 8:45 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemmorrhage. 8241

Date of onset

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

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) W. Mitchell Gregg, M. D.
(Address) Joplin 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, ...

....., or by .....,

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

Signed Steve Parker

Licensed Embalmer No. 2648

P. O. Address Joplin Mo

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.