WHITE 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.

REC'D FEB 16 1939

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

Do not use this space.

1. PLACE OF DEATH
County Cass
Township ~~Pleasant Hill~~
City Pleasant Hill (No. ..... St. ..... Ward)

Registration District No. 157
Primary Registration District No. 4091

File No. 1934
Registered No. 1

2. FULL NAME 430 Roy Wilt
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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 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~~ Mary Bell Wilt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17 - 1873
7. AGE YEARS 65 MONTHS 7 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Wisconsin

FATHER
13. NAME Adam Wilt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME Caroline Buchanan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs Mary Bell Wilt - Pleasant Hill, Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Pleasant Hill DATE 1-10-1939

19. UNDERTAKER (ADDRESS) D. A. Nofsinger, Pleasant Hill, Mo.

20. FILED 1-12-1939 Mrs Etta M. Aldridge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/7/, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1/5/, 1939, to 1/7/, 1939
I last saw him alive on 1/7/, 1939. Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation

Date of onset

Other contributory causes of importance:
Pulmonary embolism

Name of operation ..... Date of .....
What test confirmed diagnosis? — 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) L. V. Murray, M. D.
(Address) Pleasant Hill, Mo.

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