

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

DEC 2 MAR 13 1939

6537

Do not use this space.

1. PLACE OF DEATH

(a) County GREENE ? Registration District No. 376
 (b) Township _____ Primary Registration District No. 2001
 (c) City SPRINGFIELD (d) Street No. 722 Lincoln 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.

Registered No. 135

2. PRINT FULL NAME

William L. Wilson
 (a) Residence, No. Route # 7 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 Margaret Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
 75 10 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer

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) Greene County
 (STATE OR COUNTRY) Missouri

13. NAME Samual Wilson

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

15. MAIDEN NAME Stella Richardson

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

17. INFORMANT Mrs. Geraldine Kelso
 (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Clear Creek DATE Feb. 15, 1939

19. FUNERAL DIRECTOR (NAME) H. H. Ohmeyer
 (ADDRESS) Springfield, Mo.

20. FILE Feb 15 19 39 Chas. A. George, M.D.
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1/26 1939 to 2-15 1939.

I last saw him alive on 2/18 1939. Death is said to have occurred on the date stated above, at 6:45 p. m.

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

Chronic Cholelithiasis
senior years
 Date of onset 12/7

Other contributory causes of importance:

Name of operation Stones removed Date of 1930What test confirmed diagnosis Ulcer Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur? nowhere
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury nowhereNature of injury nowhere

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) A. J. Freeman, M.D.(Address) Springfield

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.