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.

MAR 23 1939

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

7696
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois — Registration District No. 773

(b) Township St. Francois — Primary Registration District No. 6018A — Registered No. 22 attendant

(c) City Near Farmington (d) Street No. State Hosp. Ry Infirmary 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 425 Richard Benjamin Wilson

(a) Residence, No. Farmington, Mo. 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: Wt
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Bertha Birchfield Wilson

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

7. AGE: YEARS 45 — MONTHS un. — DAYS Un. — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Practical nurse
9. Industry or business in which work was done, as saw mill, bank, etc. State Hospt. #4
10. Date deceased last worked at this occupation (month and year) 11-15-38
11. Total time (years) spent in this occupation 4½ yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bruno, Missouri

FATHER
13. NAME: Benjamin Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bruno, Missouri

MOTHER
15. MAIDEN NAME: Lizea Morris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saco, Missouri Missouri

17. INFORMANT (ADDRESS): Mrs. Wilson State Hospital No. 4, Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE PARKVIEW Farmington, Mo. DATE 2-19 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Chas Richardson, Farmington, Mo.

20. FILED Feb 19 1939 B. J. Robinson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-18, 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-17, 1938 to 2-18, 1939
I last saw him alive on 2-17-39, 19.... Death is said to have occurred on the date stated above, at 9:00p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute aleukemic lymplastic leukemia and aplastic anemia	

Other contributory causes of importance: None

Name of operation None Date of None
What test confirmed diagnosis? Clin.&lab. 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 None
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased?
If so, specify G. Tevis Graves
(Signed) Farmington, Mo., M. D.
(Address)

Licensed Embalmer's Statement on Reverse Side)

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 Chas. Richardson

Licensed Embalmer No. 3167

P. O. Address Farmington, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.