

390 APR 21 1939

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

Do not use this space.

11689

File No. 29  
Registered No. 8  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County Newton  
Township \_\_\_\_\_  
City Grandes (No. \_\_\_\_\_)

Registration District No. 614  
Primary Registration District No. 4555

2. FULL NAME

John Robert Wilson  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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) Ellen Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1 1866

7. AGE YEARS 72 MONTHS 9 DAYS 23 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Bellmont (STATE OR COUNTRY) Franklin Co. Missouri

13. NAME, Eleanor Wilson

14. BIRTHPLACE (CITY OR TOWN) Carroll Co. Mo (STATE OR COUNTRY) Mo

15. MAIDEN NAME Delia Meadows

16. BIRTHPLACE (CITY OR TOWN) Townville (STATE OR COUNTRY) Missouri

17. INFORMANT David L. Wilson (ADDRESS) Bellevue

18. BURIAL, CREMATION, OR REMOVAL PLACE Graves DAY Mar 2 (1939)

19. UNDERTAKER Graves (ADDRESS) Graves

20. FILED Mar 24 19 39 R. R. Rolins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24 1939

22. I HEREBY CERTIFY, That I attended deceased from ON March 23, 1939 to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on March 23, 1939. Death is said to have occurred on the date stated above, at 10:55 a.m.

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

Lobar Pneumonia Date of onset 3/22/39

Other contributory causes of importance: 105

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) Chas O Chester M. D.

(Address) Graves

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.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-878

Date Filed APR 13 1939