REC'D APR 25 1939

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

11985
Do not use this space.

1. PLACE OF DEATH
(a) County ~~CENTER~~ Rolls
(b) Township ~~CENTER~~
(c) City CENTER
Registration District No. 725
Primary Registration District No. 4431
Registered No.
(d) Street No. St.
(e) Length of residence in city or town where death occurred 21 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 425 WILLIAM A. WILSON
(a) Residence, No. 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: 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: IRENE KELLY WILSON
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): SEPT 16 1865
7. AGE: YEARS 73 | MONTHS 6 | DAYS 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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.: FARM
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: LIFE

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MO 0

FATHER
13. NAME: WILLIAM M. WILSON 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MO 0

MOTHER
15. MAIDEN NAME: SARAH MASON
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MO

17. INFORMANT (ADDRESS): MRS. IRENE WILSON CENTER, MO
18. BURIAL, CREMATION, OR REMOVAL
PLACE: ARIEL DATE: MAR 26 39
19. FUNERAL DIRECTOR (NAME) (ADDRESS): COUCH AND HULSE CENTER MO
20. FILED 3/24 1939 Giles R. Hulse
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): MARCH 23 39
22. I HEREBY CERTIFY, That I attended deceased from March 9, 1939, to March 23, 1939
I last saw him alive on March 23, 1939. Death is said to have occurred on the date stated above, at 5:45P.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	Unknown

51

Other contributory causes of importance: Unknown

Name of operation Date of
What test confirmed diagnosis? Phys. Exam 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) C. H. Brooks, M. D.
(Address) Center, 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.

X14028

RECEIVED
District Health Officer No. 10
District File Number 10-38-678
Date Filed APR 15 1939

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.