MAY 16 1939

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

Do not use this space.

1. PLACE OF DEATH
County: Jackson
Township: Washington
City: Hickman Mills (No. 421, St., Ward)

Registration District No. 404
Primary Registration District No. 5558

File No. 15119
Registered No. 22

2. FULL NAME: Henry E. Wilder

(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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 2 1882

7. AGE

| Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 56 | 10 | ? | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Traveling Salesman
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: 1934

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Calhoun Co Michigan

FATHER

13. NAME: Albert J. Wilder
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER

15. MAIDEN NAME: Sarah M. Hulbert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. Y.

17. INFORMANT (ADDRESS): E. J. Wilder Hickman Mills, Mo.

18. ~~BURIAL, CREMATION~~, OR REMOVAL
PLACE: Grand Rapids, Mich DATE: 4/13 1939

19. UNDERTAKER (ADDRESS): E. R. George & Son Independence, Mo

20. FILED: 5-8-1939 Mrs Jos. F. Brennan Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4/7 1939

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1939, to Same date, 19..
I last saw him alive on April 7, 1939. Death is said to have occurred on the date stated above, at 4:30 A. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | 30 to 45 yrs. ago |

Other contributory causes of importance: None

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Anna S. Hodges, M. D.
(Address) Hickman Mills, Mo.

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.

1136 - 12 - 8 - 1
1901 - 6 - 27
35 - 5 - 11