

25 JUL 11 1939

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

21593
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan 2 Registration District No. 85
(b) Township St. Joseph no 1 Primary Registration District No. 1001
(c) City St. Joseph no 1 (d) Street No. 701 1/2 McDonald Registered No. 530
(e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 425 Ethel B. Wilson St. St. Joseph, Mo.
(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 F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clifton C. Wilson
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 5 1878
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
60 7 16
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) May 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb County Mo.

13. NAME William S. Morris

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

15. MAIDEN NAME Martha Castro

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

17. INFORMANT (ADDRESS) P. O. Wilson 701 1/2 McDonald St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star Mo DATE June 25 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lucile M. Wilson King City, Mo.

20. FILED June 22 1939 H. J. Northbush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from April 30 1938 to June 21 1939
I last saw h. or alive on June 21 1939 Death is said to have occurred on the date stated above, at 7:30 P.M.
The principal cause of death and related causes of importance were as follows:

Mitral stenosis and insufficiency Date of onset 7

Other contributory causes of importance: Cardiac Decomposition (several previous attacks)

Name of operation none Date of no

What test confirmed diagnosis clinical 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) S. C. J. enos, M. D.

(Address) St Joseph 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.

WRITE PEAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

I X16605

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..... *Lucile M. Wilson*

Licensed Embalmer No. *2830*

P. O. Address..... *King City, Mo.*

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.