

AUG 10 1939

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

24907

Do not use this space.

## 1. PLACE OF DEATH

(a) County Audrain Registration District No. 26  
(b) Township Salt River Primary Registration District No. 3002  
(c) City Mexico Mo (d) Street No. Audrain Hospital 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Otha H. Wilson

(a) Residence, No. Molino, Mo. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## 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 Willie E. Wilson  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 30, 1873  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
66 3 5 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Telephone Co.  
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)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Mo.13. NAME Abner Wilson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Mo.15. MAIDEN NAME Mary E. Boyd16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Mrs. Willie Wilson18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Grove DATE July 28, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. Arnold Jr.20. FILED July 27, 1939 Blanche Keel Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 193922. I HEREBY CERTIFY, That attended deceased from July 26, 1939 to July 27, 1939

I last saw him alive on July 26, 1939. Death is said to have occurred on the date stated above, at 6<sup>4</sup> m.  
The principal cause of death and related causes of importance were as follows:

Cerebral Heart failure  
Edema  
131

Other contributory causes of importance:  
Uremic emulsion  
Chronic intestinal nephritis  
with nitrogen retention

Name of operation None Date of July 26, 1939  
What test confirmed diagnosis? BR Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 1939Where did injury occur? no

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? noIf so, specify no(Signed) Harry J. Ozman, M. D.(Address) Mexico Mo

RECEIVED

District Health Officer No. 10

District File Number 8-39-1411

Date Filed AUG 8 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.....

*Charles Amodeo*  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *Charles Amodeo*

Licensed Embalmer No. 3569

P. O. Address Milvia, 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.