REC'D SEP 12 1939

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

29753
Do not use this space.

1. PLACE OF DEATH
(a) County Monroe — Registration District No. 580
(b) Township Union — Primary Registration District No. 5177 — Registered No.
(c) City — (d) Street No. — 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

425

2. PRINT FULL NAME James Davis Wilson
(a) Residence, No. Madison, Mo. R.R. Mohroe Co 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): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/23/1873

7. AGE: Years 65 — Months 10 — Days 8 — 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.
10. Date deceased last worked at this occupation (month and year) until last illness
11. Total time (years) spent in this occupation lifetime

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

FATHER
13. NAME James P. Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT George Davis Wilson
(ADDRESS) Madison, Mo. R.R

18. BURIAL, CREMATION, OR REMOVAL
PLACE Madison Cemetery DATE Sept. 2 39

19. FUNERAL DIRECTOR (NAME) Fred A. Thompson
(ADDRESS) Madison, Mo

20. FILED Sept 1, 1939 Fred A. Thompson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 1, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from —, 19—, to —, 19—
I last saw h— alive on —, 19—. Death is said to have occurred on the date stated above, at 3 a m.
The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis — Date of onset April 1939
A H D

Other contributory causes of importance:

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) Russell M Wilson Coroner
(Address) Moore City 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.

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE

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.