

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

Do not use this space.

35824

1. PLACE OF DEATH

County Clay Registration District No. 198
Township Fishing River Primary Registration District No. 3011
City Excelsior Springs (No. _____) St. _____ Ward _____

File No. _____
Registered No. 187
St. _____ Ward _____

2. FULL NAME

George Eli Wilson
(a) Residence, No. Highland Park Ave St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 21 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) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 9 1855
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 7 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co., Mo.
13. NAME Harrison Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co., Mo.

17. INFORMANT (ADDRESS) Pearl Wilson Graves
18. BURIAL, CREMATION, OR REMOVAL PLACE Kearney, Mo. DATE Oct 29 39

19. UNDERTAKER (ADDRESS) Claude Prichard Excelsior Springs, Mo.
20. FILED 10/31 1939 Mrs. (Mrs. M.) Osburn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27 1939
I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1939, to Oct 27, 1939
I last saw him alive on 10-27, 1939. Death is said to have occurred on the date stated above, at 3:30 P. m.
The principal cause of death and related causes of importance were as follows:

Anuria - from Chr. Nephritis (Date of onset 10-20 39)
131
Other contributory causes of importance: Arteriosclerosis

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

22. 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?
If so, specify _____ (Signed) Reginald K. Roberts M. D.
(Address) Excelsior Springs, Mo.

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

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.

24
2
1

1939
44
1895

RECEIVED
District Health Officer No. 8,
District No Number
Date Filed 11/20/39