

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

37393
Do not use this space.

NOV 15 1939

1. PLACE OF DEATH

(a) County Stoddard Registration District No. 834
 (b) Township Pike Primary Registration District No. 6097 Registered No. 33
 or City Bell City, Mo. R. F. D. Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (c) 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.

2. PRINT FULL NAME Ezra Wilson

(a) Residence, No. _____ 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hr. or _____ min.
62 9 18

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) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME Alexander Wilson

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

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT Lloyd Wilson
 (ADDRESS) Bell City, Mo. R. F. D.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Chaffee Cemetery DATE Oct, 28, 1939

19. FUNERAL DIRECTOR (NAME) Chiles Und. Co.
 (ADDRESS) Bloomfield, Mo.

20. FILED Nov 3 1939 D S McGee
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1939, to Oct 22, 1939

I last saw him alive on Oct 22, 1939. Death is said to have occurred on the date stated above, at 1:20p.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
Chronic Myocarditis
myocardial degeneration
Allegia

Date of onset

?

?

?

?

Other contributory causes of importance:

Chronic Nephritis 10-22-39

Name of operation _____ Date of _____

What test confirmed diagnosis? None Was there an autopsy? None

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) J. A. Jones, M. D.

158 (Address) Bloomfield, 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.

RECEIVED

District Health Officer No. 2,

District File Number 1139-222

Date Filed 11-7

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.....

Ivan Cooper

Registered Apprentice No. 162

working under my personal supervision.

Signed.....

Lulu Cooper

Licensed Embalmer No. 3499

P. O. Address Bloomfield, 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.