

JAN 12 1940

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

Do not use this space.

43032

1. PLACE OF DEATH

County Cass  
Township Coldwater  
City 425 Alva Maxwell Wilson (No. \_\_\_\_\_)

Registration District No. 151  
Primary Registration District No. 5213

File No. \_\_\_\_\_  
Registered No. 7 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 3-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 81 1 22

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) Montgomery Co. Ill

13. NAME Thomas F. Wilson 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 1

15. MAIDEN NAME Leteshia Blue 1

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

17. INFORMANT (ADDRESS) Mrs. Roy Wilson Stanley Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Sharon DATE 12-27 1939

19. UNDERTAKER (ADDRESS) Wilson Bros. Cushing Mo

20. FILED Dec 27 1939 John S. Bunch Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1937 to Dec 25, 1939

I last saw him alive on Dec 17, 1939. Death is said to have occurred on the date stated above, at 2:20 PM.

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

Chronic hepatitis Date of onset 1937

135 lb

Other contributory causes of importance:

Debility

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) Boal Hartwell, M. D.

144 (Address) Drexel

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.

