

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

1815
Do not use this space.

1. PLACE OF DEATH
 (a) County Buddon Registration District No. 29
 (b) Township Poplar Bluff Primary Registration District No. 3007
 (c) City Poplar Bluff (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. 4 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
435 CLINTON DOUGLAS WILSON
 2. PRINT FULL NAME
 (a) Residence, No. Piedmont 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 Helen Wanda Wilson
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 2 - 1909
 7. AGE YEARS 31 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. INPA
 9. Industry or business in which work was done, as saw mill, bank, etc. Foreman
 10. Date deceased last worked at this occupation (month and year) Jan 15 1940 11. Total time (years) spent in this occupation 2 yrs
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grandin mo.
 FATHER 13. NAME Rubin Wilson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Piedmont mo.
 MOTHER 15. MAIDEN NAME Milton
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Piedmont mo.
 17. INFORMANT Helen Wanda Wilson (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE Piedmont mo. DATE Jan 21 1940
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Norman W. Dush Piedmont mo.
 20. FILED 1721 1940 Obituary Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19 1940
 22. I HEREBY CERTIFY, That I attended deceased from 1-16-40 to 1-19-40
 I last saw h. or alive on 1-19-40 1940 Death is said to have occurred on the date stated above, at 8:45 PM.
 The principal cause of death and related causes of importance were as follows:
Appendicitis
 Date of onset _____
 Other contributory causes of importance: Tuberculosis
 Name of operation Appendectomy Date of 1-16-40
 What test confirmed diagnosis? Karyo. & histology Was there an autopsy? _____
 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? _____
 If so, specify _____
 (Signed) Dr. Heinrichson, M. D.
 (Address) Poplar Bluff 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.

OHIO STATE BOARD OF HEALTH
DEPARTMENT OF HEALTH
COLUMBUS, OHIO

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.....

Norman W. Gish

Licensed Embalmer No. *3387*

P. O. Address *Piedmont 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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

1815
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89
(b) Township _____ Primary Registration District No. 3007 Registered No. _____
(c) City Paplar Bluff (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.

2. PRINT FULL NAME

Clinton Douglas 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
30 7 17

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

FATHER 13. NAME _____

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

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED 3/9 1940 [Signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19 1940

22. I HEREBY CERTIFY That I attended deceased from _____ to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) _____, M. D.

(Address) _____

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

