

Registration District No. 337 Primary Registration District No. 4498

1. PLACE OF DEATH:  
(a) County Shelby Shelbina  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) \_\_\_\_\_  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community most of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Shelby  
(c) City or town Shelbyville  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME PEARL DAWSON WILSON  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 564-32-3933

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept - day 25  
year 1944 hour 1:00 minute p. M?  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Oct-28-1885  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
58 10 27 hr. min.

Duration  
Suicide by taking strychnine  
no inquest deemed necessary

9. Birthplace Shelby Co Mo  
(City, town, or county) (State or foreign country)  
10. Usual occupation Laborer

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name James Edward Wilson  
13. Birthplace Shelby Co. Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Phoebe Agnes Elgin  
15. Birthplace Shelby Co. Mo  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
1630

16. (a) Informant L. A. Wilson  
(b) Address Paradise, California  
17. (a) Burial (b) Date thereof Sept 28, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Shiloh Cemetery

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Suicide  
(b) Date of occurrence Sept 25, 1944  
(c) Where did injury occur? Shelbina Shelby Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Waverly Hotel  
(Specify type of place)

18. (a) Signature of funeral director E. P. Thompson  
(b) Address Shelbyville Mo  
19. (a) Oct 7 1944 (b) Edgar Good  
(Data received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (e) Means of injury Suicide  
23. Signature E. P. Thompson Coroner  
(M. D. or other)  
Address Shelbyville, Mo. Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 10  
District File Number 11-44-1870  
Date Filed NOV 10 1944

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

*E. P. Thompson*

Licensed Embalmer No. 1632

P. O. Address Shelbyville, 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, fact should be so stated above.