

SEP 28 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Worth
 Township Union
 City (No. _____) _____

Registration District No. 904
 Primary Registration District No. 45-46-

File No. 30300

Registered No. _____ St. _____ Ward _____

2. FULL NAME

Benjamin Alexander Wilson

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

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 M 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 Susan Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
87 11 - -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Mayeville (STATE OR COUNTRY) Indiana13. NAME Alexander Wilson14. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY)15. MAIDEN NAME Frances Gallery16. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY)17. INFORMANT Frances Cowan (ADDRESS) Sherridan Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Quincy Cemetery DATE July 13, 193819. UNDERTAKER Long & Boyd (ADDRESS) Sherridan Mo.20. FILED July 13, 1938 Mrs. O. H. Bond Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938, to July 11, 1938
 I last saw him alive on July 10, 1938 Death is said to have occurred on the date stated above, at 2 P. M.
 The principal cause of death and related causes of importance were as follows:

Angina pectoris

Date of onset

Other contributory causes of importance: 44

Name of operation _____ Date of _____

What test confirmed diagnosis? inspection 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) Al Long, M. D.(Address) Sherridan Mo.821

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.

