

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

PLACE OF DEATH

County St. Louis  
Township St. Ferdinand  
or  
Village Anglem  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registration District No. 784 File No. 21390  
Primary Registration District No. 3060 Registered No. 62

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Mark Wilson

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE Colored SINGLE  MARRIED  WIDOWED  OR DIVORCED   
(Write the word)

DATE OF BIRTH Dec 25, 1892  
(Month) (Day) (Year)

AGE 38 yrs. 7 mos. 7 ds. if LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) S. Carolina

PARENTS NAME OF FATHER Don't Know  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Don't Know  
MAIDEN NAME OF MOTHER Don't Know  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Don't Know

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Walter Wilson  
(ADDRESS) Anglem, Mo

Filed July 20, 1910  
Geo W. Flinn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18, 1910  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May, 1910, to July 18, 1910, that I last saw him alive on July 13, 1910, and that death occurred, on the date stated above, at 5:30 m. The CAUSE OF DEATH\* was as follows:

Chronic Myocarditis  
95-10 Senility  
168 (Duration) yrs. mos. ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) yrs. mos. ds.  
(Signed) H. T. Colman M. D.  
July 19, 1910 (Address) Pattersonville, Mo.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
Where was disease contracted if not at place of death?  
Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Missie Ave DATE OF BURIAL 7/19/10 1910  
UNDERTAKER Hebert Lumbert ADDRESS Kennett

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.

