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

Do not use this space.

33435

File No. ..... Registered No. 4205

1. PLACE OF DEATH

County: Jackson Registration District No.:

Township: Kaw Primary Registration District No.:

City: Kansas City (No. 3 East 38th St. St. Ward)

2. FULL NAME: Horace D. Wilson

(a) Residence. No. 3 E. 38th St., 5 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): August 28, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	2	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Independence
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Charles E. Wilson
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Independence
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Sarah Peacock
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Independence
(STATE OR COUNTRY): Missouri

14. INFORMANT: Chas R. Fennell
(Address): 714 West 37th St.

15. FILED: 11-5, 1927 M. M. Crowe, K.C. Mo.
Registrar

MEDICAL CERTIFICATE OF DEATH (31)

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 4, 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1927, to Nov. 4, 1927, that I last saw him alive on Nov. 4, 1927, and that death occurred, on the date stated above, at 5 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

23A
Acute cardiac dilatation
1 yr
1918 (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY): pulm. tuberculosis, asthma, bronchitis (duration) several yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED: at place of death
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical & X-Ray

(Signed) J. J. Wolff, M.D.
Nov. 4, 1927 (Address) 620 Argyle Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Vault in Mt Washington DATE OF BURIAL: 11-7 1927

20. UNDERTAKER: Stine & McClure ADDRESS: 924 Oak

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.

PERMANENT RECORD

620 Argyle