JAN 28 1928

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

Do not use this space.

33800

1. PLACE OF DEATH

County Jackson — Registration District No. 400 — File No.

Township Prairie — Primary Registration District No. 5553 B. — Registered No. 134.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Harry Wilson

(a) Residence. No. Jackson Co. Home St. ..... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 mos. 6 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	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) B-26-1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	71	8	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer 936 162

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) New York
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Frederick Wilson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Conn.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Levina Best

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New York
(STATE OR COUNTRY)

14. INFORMANT J. W. Hostetler
(Address) Little Blue Mo

15. FILED 11-28, 1927 F. M. Schick
REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-28 1927

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1927, to Nov. 28, 1927 that I last saw him alive on Nov. 28, 1927, and that death occurred, on the date stated above, at 9.30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myo Carditis

906

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) General Inanition

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. W. Greene, M. D.

, 19 (Address) Independence Mo

*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	DATE OF BURIAL
K. C. Univ of Phys & Surg.	12-3 1927

20. UNDERTAKER	ADDRESS
Mo State Anatomical Board	

2 Hill Seg

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.