96
28 1929
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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.

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

Do not use this space.

25776

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248 B. — Registered No. 290

City Jefferson Barracks (No. U. S. Veterans Hospital St. Ward)

2. FULL NAME Givan Wilson,

(a) Residence. No. 3953 West Belle, St., Ward. St. Louis, Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos. own 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	black	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Mrs. Lulu Wilson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 28, 1887

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	41	11	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Train Porter
(b) General nature of industry, business, or establishment in which employed (or employer) - -
(c) Name of employer Illinois Central R.R.

9. BIRTHPLACE (CITY OR TOWN) Oxford
(STATE OR COUNTRY) Mississippi

PARENTS

10. NAME OF FATHER Unavailable
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Mississippi
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT Nathan Barlow, M.D., U.S. Veterans
(Address) Hospital, Jefferson Barracks, Mo.

15. FILED 7/27, 1929 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 27, 1929.

17. I HEREBY CERTIFY, That I attended deceased from July 6, 1929, to July 27, 1929 that I last saw him alive on July 27, 1929 and that death occurred, on the date stated above, at 3:55 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular Heart Disease, Mitral Insufficiency, Decompensated.

(duration) Un yrs. kn mos. own ds.

CONTRIBUTORY (SECONDARY) Pulmonary edema

(duration) Un yrs. kn mos. own ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown

DID AN OPERATION PRECEDE DEATH? No. DATE OF ---

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory manifestations and Physical findings.

(Signed) M. L. Gibson, M.D., U.S. Veterans, M.D.
, 19 (Address) Hospital, Jefferson Barracks, 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 Washington Park — DATE OF BURIAL 8/1 1929.

20. UNDERTAKER Peoples Und. Co. — ADDRESS 3100 Franklin

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