

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

Do not use this space.

1994

1. PLACE OF DEATH

County Montgomery
Township Beverly
City Jackson (No. _____) St. _____ Ward _____

Registration District No. 589
Primary Registration District No. 5783

File No. _____
Registered No. 1

2. FULL NAME

James C. Wilson
(a) Residence, No. _____ St. _____ 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

5 MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jun 25 1930

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

17. I HEREBY CERTIFY, That I attended deceased from Jan 2 1930, to Jan 24 1930, that I last saw him alive on Jan 24, 1930, and that death occurred, on the date stated above, at 11 A m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 15 1857

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 6 10

Atherosclerosis of both Coronaries
Left Side. Blood clot of
Brain

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Farmer (b) General nature of industry, business, or establishment in which employed (or employer). 97 (c) Name of employer.

CONTRIBUTORY (SECONDARY) Esophagus Age (duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Physical (Signed) E. A. Baer, M. D.

, 19 (Address) Jackson

*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.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co MO

10. NAME OF FATHER George Wilson

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

12. MAIDEN NAME OF MOTHER Sarah Skinner

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

14. INFORMANT George L. Wilson (Address) Jackson MO

15. FILED Jan 30 1930 E. A. Baer REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Jackson MO 1-27 1930

20. UNDERTAKER C. M. Thurmon ADDRESS Jackson MO

Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

FEB 19 1930

