

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

Do not use this space.

19574

1. PLACE OF DEATH

County Jackson

Registration District No. **399**

Township Russell

Primary Registration District No. 1002

City Kansas City (No. Wesley Hospital)

File No. 5-25

Registered No. 5785

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 824 1/2 E. 12 St. 2 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

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

divorced

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

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

Sept. 19-1873

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>56</u>	<u>9</u>	<u>0</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. former Public Service Co.
(b) General nature of industry, business, or establishment in which employed (or employer). Inspector
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Kingsville Mo.

10. NAME OF FATHER

James Madison Wilson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) North Carolina

12. MAIDEN NAME OF MOTHER

Anna Elizabeth Vanderpool

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

14. INFORMANT

Mrs. V. D. Bell
(Address) 1214 W 37th

15. FILED

6/20 30 M. M. Corwin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3 Thurs.
16. DATE OF DEATH (MONTH, DAY AND YEAR) June 19 1930

17. I HEREBY CERTIFY, That I attended deceased from June 16 1930 to June 19 1930
that I last saw him alive on June 18 1930, and that death occurred, on the date stated above, at _____
THE CAUSE OF DEATH* WAS AS FOLLOWS: 1:30 P. M.

edema of the brain
hypostatic pneumonia
(affecting broncho-lobar) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) acute alcoholism
(duration) yrs. mos. ds. 10 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) George H. Fremont M. D.

20, 1930 (Address) 630 Maple St.

*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

Kingsville Mo. 6-21 1930

20. UNDERTAKER

ADDRESS

Clyde Funeral Home 1800 Luwood

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.

630 Magellan Vector 1293