

DEC 22 1930

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

Do not use this space.

36961

1. PLACE OF DEATH

County Pemiscot
Township Pemiscot
City (No.) (St.) (Ward)

Registration District No. 601
Primary Registration District No. 6863

File No.
Registered No. 163

2. FULL NAME Gennett m. mcclish 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. 1 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>F</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>11-2-1929</u>		
7. AGE YEARS <u>1</u>	MONTHS <u>0</u>	DAYS <u>17</u>
If LESS than 1 day, hrs. or min.		

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-19 1930

17. I HEREBY CERTIFY, That I attended deceased from 11-15, 1930, to 11-19, 1930.
that I last saw h.w. alive on 11-15, 1930, and that death occurred, on the date stated above, at 11:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Colitis

11-15 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 11-30 (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. ✓

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

(c) Name of employer

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. X

DID AN OPERATION PRECEDE DEATH? no DATE OF X

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) L. E. Cooper, M. D.

12-10-1930 (Address) Creater, 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.

9. BIRTHPLACE (CITY OR TOWN) Chicago
(STATE OR COUNTRY) Ill

10. NAME OF FATHER Willie E. Wilson

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

12. MAIDEN NAME OF MOTHER Blachson, Wilson

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL mt Zion cem DATE OF BURIAL 11-21 1930

14. INFORMANT D. T. Whitaker
(Address) Steele mo

20. UNDERTAKER German mch co ADDRESS Steele mo

15. FILED Dec 10 1930 Ada Martin
REGISTRAR

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

