

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

5485

1. PLACE OF DEATH
County Jackson Co Registration District No. 075 File No. 573
Township Raw Primary Registration District No. St Josephs Hospital Registered No. 573
City K C Mo (No. St Josephs Hospital Ward)

2. FULL NAME Donald Lee Wilson
(a) Residence. No. Cougill Mo St. _____ Ward. _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 yrs. 7 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OF RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 7 1918</u>				
7. AGE	YEARS <u>12</u>	MONTHS <u>6</u>	DAYS <u>29</u>	If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>At Home</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer				
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Calver Co, Mo</u>				
PARENTS	10. NAME OF FATHER <u>Henry L Wilson</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Camden Mo</u>			
	12. MAIDEN NAME OF MOTHER <u>Blanche Hause</u>			
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Cougill Mo</u>				
14. INFORMANT <u>Henry Wilson</u> (Address) <u>Cougill Mo</u>				
15. FILED <u>7/6 1931</u> <u>M. M. Crowe</u> REGISTRAR <u>Arer</u>				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-6 1931
17. I HEREBY CERTIFY, That I attended deceased from 2-2, 1931, to _____, 19____, that I last saw h. alive on 2-6, 1931, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Peritonitis
121 F
129
(duration) yrs. mos. 2 ds.
CONTRIBUTORY Gangrenous Appendix
(SECONDARY) (duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. Home
1. DID AN OPERATION PRECEDE DEATH? yes DATE OF 2-4-31
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Operation
(Signed) Eugene Hamilton, M. D.
7/6 1931 (Address) Cougill 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 Cougill Mo DATE OF BURIAL 2-8 1931
20. UNDERTAKER Alfred Cougill Mo ADDRESS

