

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

Do not use this space.

21307 ✓

**1. PLACE OF DEATH**

County Jackson Registration District No. 398  
Township Blue Primary Registration District No. 3019  
City Independence No. 1319 West Waldo St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 728  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Billy Harold Wilson  
(a) Residence, No. 1319 West Waldo St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 22-31</u>		
7. AGE		
YEARS <u>0</u>	MONTHS <u>0</u>	DAYS <u>0</u>
If LESS than 1 day, <u>2</u> hrs. or <u>45</u> min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Independence / Missouri

13. NAME  
Lloyd W. M. Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Lynn, Creek / Missouri

15. MAIDEN NAME  
Georgia Marie Baker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Independence / Missouri

17. INFORMANT (ADDRESS)  
Lloyd W. M. Wilson / 1319 West Waldo

18. BURIAL, CREMATION, OR REMOVAL  
Place Mount Zion Date June 23, 1931

19. UNDERTAKER (ADDRESS)  
Carson Undertaking Co / Independence, Mo

20. FILED June 23, 1931 Registrar J. L. Cook

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1931

22. I HEREBY CERTIFY That I attended deceased from On June 22, 1931, to \_\_\_\_\_, 19\_\_\_\_. I last saw him alive on June 22, 1931. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m. The principal cause of death and related causes of importance were as follows:

Inertia of weakness  
due to premature  
birth  
Other contributory causes of importance:  
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Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Symptoms Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) P. M. Ape, M. D.  
(Address) Independence Mo

WRITE PLAIN 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.

JUL 25 1931

