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

Do not use this space.
28530

1. PLACE OF DEATH
County: Jackson
Township: Kan
City: Kansas City (No. Kansas City General Hospital St. Ward)
Registration District No.: 3 2 8
Primary Registration District No.: 3 0 0
File No.: 3058
Registered No.:

2. FULL NAME: Wild Sidney
(a) Residence, No. 3312 Gillham Pl St., 6 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3-13-1854

7. AGE: Years 77 | Months 5 | Days 15 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Penn.

FATHER
13. NAME: Charles Wild
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Elizabeth Wyatt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

17. INFORMANT: Record Clerk
(ADDRESS) Rio General Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Grafton Nebr. DATE: Aug 31 1931

19. UNDERTAKER: Peter B. Lapetina
(ADDRESS) K. C. Mo

20. FILED: 8-31-1931 M. M. Devine Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-28-1931

22. I HEREBY CERTIFY, That I attended deceased from 8-26-1931, to 8-28-1931
I last saw him alive on 8-28, 1931. Death is said to have occurred on the date stated above, at 7:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchopneumonia	
9.5	
1934	

Other contributory causes of importance:

Arteriosclerotic Heart Disease	

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) J. H. Jarrett M.D.
(Address) Asst Supt Gen Hosp

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