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.

NOV 23 1931

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

Do not use this space.

33654

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1049

City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Henry W. Wilson,

(a) Residence, No. County Infirmary St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. 5 mos. 24 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: Jennie Wilson,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 20, 1856

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
75	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year) 1900

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph, Missouri,

FATHER

13. NAME: John W. Wilson,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Kentucky,

MOTHER

15. MAIDEN NAME: Harriett Bolin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): CLay County, Missouri,

17. INFORMANT (ADDRESS): John W. Wilson R.F.D.# 3, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Mora Cemetery DATE Oct. 15th, 1931

19. UNDERTAKER (ADDRESS): Theodore B. Gale & Bowman 319 S. 10th St. Funeral Home

20. FILED 10-14, 1931 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 13th, 1931, to Oct 14th, 1931

I last saw him alive on Oct 14th, 1931. Death is said to have occurred on the date stated above, at 9:10 a.m.

The principal cause of death and related causes of importance were as follows:

Inguinal hernia strangulated

Date of onset

Other contributory causes of importance:

122A

122A

Name of operation Hernia repair Date of Oct 13/1931

What test confirmed diagnosis? Clinical 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) Albert E. Holley M.D.

(Address) 822 Edmond St. St Joseph Mo