

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**

Do not use this space.

38560

1. PLACE OF DEATH

County Randolph Registration District No. 735
 Township Primary Registration District No. 3034
 City Moberly (No. 529 1/2 N. Boates)

File No.
 Registered No. 225
 St. Ward)

2. FULL NAME

William O. Wilson
 (a) Residence, No. 529 1/2 N. Boates St., Ward.

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>				
7. AGE YEARS <u>about 87</u>	MONTHS	DAYS	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Carpenter</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) <u>Mo</u>				
MOTHER	13. NAME <u>Benjamin Wilson</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			
	15. MAIDEN NAME <u>Agnes Taylor</u>			
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			
	17. INFORMANT <u>Doc Howard</u> (ADDRESS) <u>Moberly Mo</u>			
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Moberly</u> DATE <u>Nov 20th 1931</u>			
19. UNDERTAKER <u>Madison and Son</u> (ADDRESS) <u>Moberly Mo</u>				
20. FILED <u>11/20</u> 19 <u>31</u> <u>Rose Fleming</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1931, to Nov 20th, 1931
 I last saw him alive on Nov 20, 1931. Death is said to have occurred on the date stated above, at 8:10 a.m.
 The principal cause of death and related causes of importance were as follows:

<p><u>Chronic Intestinal Nephritis</u> <u>131</u> <u>47</u></p>	<p>Date of onset</p>
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Other contributory causes of importance:
Arterio Sclerosis.

Name of operation None Date of
 What was confirmed diagnosis? Chronic 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) R. P. Mitchell, M. D.
 (Address) Moberly Mo

