

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

Do not use this space.

30259

1. PLACE OF DEATH

64 County Mason Registration District No. 577
Township Mason Primary Registration District No. 3029
City Hannibal (No. St. Elizabeth)

File No.
Registered No. 288 St. 6 Ward)

2. FULL NAME

Edward Preston Wilson
(a) Residence, No. 908 Lyon St., 3 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Kendall Wilson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6 - 1874
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
59 - 21

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sabman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foster Products Co
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) Louisville Kentucky

MOTHER FATHER 13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

15. MAIDEN NAME " "

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT Anna Wilson (ADDRESS) Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Zion Cemetery DATE Sept 28 - 1933

19. UNDERTAKER W. P. Schubert (ADDRESS) Hannibal Mo.

20. FILED 9/29 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 27 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 9 1933, to Sept 27, 1933

I last saw him alive on Sept 21, 1933 Death is said

to have occurred on the date stated above, at 3:50 A.M.

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

Appendicular abscess Date of onset

Other contributory causes of importance:

Name of operation Drainage of abscess Date of Sept 9 - 33

What test confirmed diagnosis? Culture for drainage 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?.....

If so, specify.....

(Signed) W. B. Blue, M. D.

(Address) Hannibal Mo.

WRITE PLAINLY 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.

OCT 20 1933

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