

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

Do not use this space.

36744

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 1322)

Registration District No. 382
Primary Registration District No. 7052
East 27th

File No. _____
Registered No. 1567
St. _____ Ward _____

2. FULL NAME

William Allen Wilson

(a) Residence, No. 1322 East 27th
(Usual place of abode)

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 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 Harriet Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
71 4 5 18

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

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) Scotland

13. NAME John Wilson

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

15. MAIDEN NAME Elizabeth Allen

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

17. INFORMANT (ADDRESS) Miss Emma Gossage
1322 East 27th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Nov 28, 1933

19. UNDERTAKER (ADDRESS) Stine & McOvieve
3235 Hillman Bldg

20. FILED Nov 27, 1933 M. M. Brown Registrar.

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1933 to Nov. 27, 1933

I last saw him alive on Nov 26, 1933 Death is said to have occurred on the date stated above, at 12:05 A. M.

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

Pneumonia and Pericarditis
Jaundice
1337
119

Date of onset ?

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Yes 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? No

If so, specify _____

(Signed) L. H. Hart D.O., M. D.

(Address) 252 Clark Bldg.

Kansas City Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

2000

JAN 8 1934

Werby Bldg.