

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.

1. PLACE OF DEATH 851
 County Leechman Registration District No. _____
 Township St. Joseph Primary Registration District No. 1001
 City St. Joseph (No. 2428) (No. 1014)
 2. FULL NAME James Wilson
 (a) Residence, No. RFD #1 St. _____ Ward. _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

File No. 7844
 Registered No. 248
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lucy Zackais</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 4th 1896</u>				
7. AGE	YEARS <u>39</u>	MONTHS <u>2</u>	DAYS <u>27</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>			
	10. Date deceased last worked at this occupation (month and year) <u>6/1/34</u>		11. Total time (years) spent in this occupation <u>10</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Agency Mo</u>				
FATHER	13. NAME <u>Harri Wilson</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			
MOTHER	15. MAIDEN NAME <u>Mary Mitchell</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			
17. INFORMANT <u>John Wilson</u> (ADDRESS) <u>RFD #1</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Joseph, Mo.</u> DATE _____ 19____				
19. UNDERTAKER <u>Single & Stoney</u> (ADDRESS) <u>St. Joseph, Mo.</u>				
20. FILED <u>3-5-34</u> <u>John R. Bender</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1st, 1934
 22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1934, to March 1, 1934
 I last saw him alive on March 1, 1934. Death is said to have occurred on the date stated above, at 9:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach. Date of onset _____
45B
H4
 Other contributory causes of importance _____
 Name of operation None Date of _____
 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) J. W. Mays, M. D.
 (Address) St. Joseph, Mo

