

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

Do not use this space.

MAY 25 1934

16352

1. PLACE OF DEATH

County Gentry Registration District No. 312
 Township Jackson Primary Registration District No. 4188
 City King City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 30

2. FULL NAME Howard Rinier Wilson

(a) Residence, No. _____ St. _____ Ward. Union Star, Mo.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 7 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) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma C. Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 6 5

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen. farming.
 10. Date deceased last worked at this occupation (month and year) Feb. 30
 11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (CITY OR TOWN) Oswego
 (STATE OR COUNTRY) Ohio.

FATHER
 13. NAME James M. Wilson 8

14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Pa.

MOTHER
 15. MAIDEN NAME Ann Mouer

16. BIRTHPLACE (CITY OR TOWN) Zanesville
 (STATE OR COUNTRY) Ohio.

17. INFORMANT H. D. WILSON
 (ADDRESS) KING CITY, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star, Mo DATE May 10, 1934

19. UNDERTAKER Ellis Briet
 (ADDRESS) Savannah, Mo.

20. FILED 19 A. W. Gauletto
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1934 to May 7, 1934
 I last saw him alive on May 3, 1934 Death is said to have occurred on the date stated above, at 7:50 P:M

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

Chronic Myocarditis Date of onset 1 yr
73C

Other contributory causes of importance: 73C

Name of operation _____ 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) E. W. Reynolds, M. D.
 (Address) Union Star, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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