

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

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

Do not use this space.

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1. PLACE OF DEATH

County Buchanan Registration District No. _____
 Township _____ Primary Registration District No. 1001
 City St. Joseph (No. St. Joseph Hospital 2) _____ St. _____ Ward _____

File No. 19559
 Registered No. 695

2. FULL NAME

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

Length of residence in city or town where death occurred 0 yrs. 0 mos. 6 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>Married</u> | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Susan Wilson</u> | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 15 1861</u> | | | |
| 7. AGE <u>72</u> YEARS | <u>67</u> MONTHS | <u>29</u> DAYS | If LESS than 1 day, _____ hrs. or _____ min. |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u> | | 11. Total time (years) spent in this occupation _____ | |
| 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) _____ | |

| | |
|--|--|
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> | |
| 13. NAME <u>W. H. Wilson</u> | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Oklahoma</u> | |
| 15. MAIDEN NAME <u>Susan North</u> | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> | |
| 17. INFORMANT (ADDRESS) <u>Joe Ragan</u> | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ridgeway No.</u> DATE <u>6/16</u> 19 <u>34</u> | |
| 19. UNDERTAKER (ADDRESS) <u>Brady's Funeral Home</u> | |
| 20. FILED <u>6/19/34</u> 19 <u>34</u> <u>John H. Reader</u> Registrar. | |

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14 1934

22. I HEREBY CERTIFY, That I attended deceased from June 9th 1934 to June 14th 1934
 I last saw him alive on June 14th 1934 Death is said to have occurred on the date stated above, at 4:05 A.M.

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

Cerebral arteriosclerosis Date of onset _____

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Other contributory causes of importance:

Chronic Nephritis

Name of operation No operation Date of _____
 What test confirmed diagnosis? Urinal 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 _____, 1934

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? Yes
 If so, specify _____

(Signed) J. P. Beach, M. D.
 (Address) St. Joseph Hospital 2

