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

OCT 17 1934

Do not use this space.

32828

File No. 4164

Registered No.

1. PLACE OF DEATH

County Jackson

Township K. Kan

City K. C. Mo (No. 3042 Grand St. Ward)

Registration District No. 395

Primary Registration District No. 1 [illegible]

2. FULL NAME James D. Wilson

(a) Residence, No. 3042 Grand 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Edna D. Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 15-1871

7. AGE: Years 62 | Months 11 | Days 24 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Ins

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): Mo

FATHER

13. NAME: Ben Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER

15. MAIDEN NAME: Elizabeth Hankins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

17. INFORMANT (ADDRESS): Mrs Edna Wilson 3042 Grand

18. BURIAL, CREMATION, OR REMOVAL: Riverside-Borderth DATE: Sept 11 1934

19. UNDERTAKER (ADDRESS): Rose & Bentleyan 4139 Gen Ave

20. FILED 9-10 1934 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 27 1934 to Sept 9 1934

I last saw him alive on Sept. 8 1934. Death is said to have occurred on the date stated above, at 5:30 a.m.

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

	Date of onset
Cerebral Hemorrhage	8/27/34

Other contributory causes of importance:

Arteriosclerosis and high blood pressure

Name of operation: None Date of: No

What test confirmed diagnosis? 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) Jesse V. Bell M. D.

(Address) 1132 Professional Bldg Kansas

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

160M-11-24-33

Pro Bldge 1132