

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

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.

OCT 15 1934

1. PLACE OF DEATH  
 49 County Jasper Registration District No. 411  
 Township Jasper Primary Registration District No. 2002  
 2/3 City Jasper (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Robert A Wilson  
 (a) Residence, No. 1820 Mapped Ave 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.

File No. 33178  
Registered No. \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Rula M Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10-1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
61 2 7

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

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

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) Moberley MO

13. NAME A. A. Wilson

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

15. MAIDEN NAME Lillian

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

17. INFORMANT Mrs Rula M Wilson  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Fairview DATE 9-18-34

19. UNDERTAKER Frank Bevers Co  
(ADDRESS) 4th & Wall

20. FILED 9-24-34 19. 34 Ed D Jones  
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17 1934

22. I HEREBY CERTIFY That I attended deceased from September 17, 1934, to Sept-17-, 1934  
 I last saw him alive on Sept 17, 1934 Death is said to have occurred on the date stated above, at 9:30 a m.  
 The principal cause of death and related causes of importance were as follows:  
Heart Block  
95A  
95W  
 Other contributory causes of importance:  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_  
 If so, specify Myocardial Infarction  
 (Signed) Ed D Jones, M. D.  
 (Address) Jasper Mo

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