MISSOURI STATE BOARD OF HEALTH
JAN 16 1936
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

39377

File No.
Registered No. 18

1. PLACE OF DEATH
County Henry
Township Deepwater
City (No. , St. Ward)

Registration District No. 352
Primary Registration District No. 5483

2. FULL NAME Joseph Henry Wilson
(a) Residence, No. 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: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed

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

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
95	95	1	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer
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):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

FATHER
13. NAME: James R Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky ~~Virginia~~

MOTHER
15. MAIDEN NAME: Susan Emerett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Mortimer Mo Kate Stewart

18. ~~BURIAL, CREMATION, OR REMOVAL~~
PLACE Montrose Mo DATE Dec 15, 1935

19. UNDERTAKER (ADDRESS): Frank Lee Appleton City Mo

20. FILED Dec 16, 1935 J M Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1935, to Dec. 13, 1935
I last saw him alive on Dec. 13, 1935. 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:

	Date of onset
Atherosma. Senility	

Other contributory causes of importance:

Name of operation — Date of —
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) J M Miller, M. D.
(Address) Montrose Mo

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CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County: Henry — Registration District No.: 352 — File No.:

Township: Deepwater — Primary Registration District No.: 5493 — Registered No.:

City: (No. , St. Ward)

2. FULL NAME: Joseph Henry Wilson

(a) Residence, No. 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*): W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 31, 1840

7. AGE — YEARS: 95 — MONTHS: 1 — DAYS: 13 — If LESS than 1 day, hrs. or min.

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.

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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Jan. 26 1936 J M Miller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19.
I last saw h alive on , 19. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset

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

(Signed) , M. D.

(Address)

5-39377