JAN 18 1937

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

Do not use this space.

43684

1. PLACE OF DEATH
County Audrain
Registration District No. 26
Township
Primary Registration District No. 3002
City Mexico, Mo. Audrain Hospital St. Ward)
File No.
Registered No. 197

2. FULL NAME Erwin Gray Wilson (Erwin Gray Wilson)
(a) Residence, No. St., Ward. Molino Mo. R7D
(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mrs. Lida Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21-1874

7. AGE YEARS 62 MONTHS 5 DAYS X If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Mo.

FATHER
13. NAME Geo. Alford Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Mary E. Hannah
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Mo.

17. INFORMANT (ADDRESS) Mrs. Lida Wilson Molino Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethel Cemetery, Audrain Co Mo DATE 12-23 1936

19. UNDERTAKER (ADDRESS) Mr. Vaughn Bros. Mexico Mo.

20. FILED 12-23 1936 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st 1936, to Dec 21 1936
I last saw him alive on Dec 21 1936 Death is said to have occurred on the date stated above, at 2-20 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyloric Stenosis	
Gastric ulcers near Pyloric ring	
perforation of one of ulcers	
From History ulcers were of long standing	

Other contributory causes of importance:
repair of perforation & a Gastro-Enterostomy

Name of operation Gastro-enterostomy Date of Dec 15-1936
What test confirmed diagnosis? X Ray Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 19
Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. X
Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify No
(Signed) A R Rodes, M. D.
(Address) Mexico Mo