

JAN 19 1937

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

Do not use this space.

44953

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, MO. (No. 1002)

Registration District No. 399
Primary Registration District No. 1002
General Hosp. # 2

File No.
Registered No. 5300
St. Ward)

2. FULL NAME George Wilson

(a) Residence, No. 1731 Lydia St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 66

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed
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) Unknown

MOTHER 13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT G. B. Blakey
(ADDRESS) 1731 Lydia Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Lawn DATE 12-23-36 19.

19. UNDERTAKER H. B. Moore
(ADDRESS) 1820 E. 18th St

20. FILED Dec 23 1936 M. M. Corwin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-4-36, 19

22. I HEREBY CERTIFY That I attended deceased from 12-4-36 to 12-4-36, 19

I last saw him alive on 12-3-36 Death is said to have occurred on the date stated above, at 1731 Lydia Ave.

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

Date of onset

Other contributory causes of importance:
W 1860

Name of operation Autopsy Date of 12-4-36
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external cause, indicate and fill in as the following: Accident, suicide, or homicide. Date of injury 12-3-36
Where did injury occur? 1731 Lydia Ave
(Specify city, town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.
Home

Manner of injury Fell down stairs
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Yes
(Signed) G. B. Blakey, M. D.
(Address) 1731 Lydia Ave

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.

