

QOT 21 1936

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

Do not use this space.

48957

1. PLACE OF DEATH

County Jackson

Registration District No. 398

Township Blue

Primary Registration District No. 3019

City Independence Sanitarium

File No. _____

Registered No. 320

St. _____ Ward _____

2. FULL NAME

Stillborn "Wilson"

(a) Residence, No. 10600 East 19th 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

male

4. COLOR OR RACE

white

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

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

9-23-1936

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to 9/23, 1936

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

Sept. 23-1936

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10:50 P.M.

7. AGE

YEARS

0

MONTHS

10

DAYS

29

If LESS than 1 day, _____ hrs. or _____ min.

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

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

Date of onset

Stillbirth

Other contributory causes of importance:

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

FATHER

13. NAME Porter Preston Wilson

MOTHER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Halliday, Mo.

15. MAIDEN NAME Grace Elizabeth Rabelander

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

17. INFORMANT (ADDRESS) Porter Preston Wilson

18. COUNTRY, CREMATION, OR ABOVE PLACE Sanitarium DATE Sept. 24 1936

19. UNDERTAKER (ADDRESS) Miss Hansen, R. 71, Indip. Sanitarium

20. FILED 9-26-36 Z. L. Cook Registrar.

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) Stillborn _____, M. D.

(Address) 10307 Indip. Ave. K.C. Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

