

FEB 17 1937

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

Do not use this space.

2245

1. PLACE OF DEATH

County Meer
Township Medicine
City (No. _____) _____ St. _____ Ward _____

Registration District No. 339
Primary Registration District No. 6753

File No. _____
Registered No. 1

2. FULL NAME

William Francis Wilson

(a) Residence, No. Harris Mo. 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) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-9-1937

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 9th 1937, to _____, 1937

I last saw him alive on Jan 9th, 1937. Death is said to have occurred on the date stated above, at 6 P. m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 13 1936
7. AGE YEARS 2 MONTHS 26 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

Branchio-epilemmoma Date of onset 1/5/37
1070

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child of home
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 _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) Medicine Township (STATE OR COUNTRY) Merion Co. Mo.

Name of operation _____ Date of _____
What test confirmed diagnosis? specimen of brain Was there an autopsy? no

FATHER 13. NAME L. Roy Wilson

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1937

14. BIRTHPLACE (CITY OR TOWN) Jefferson Co. (STATE OR COUNTRY) Mo.

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

MOTHER 15. MAIDEN NAME Lela Michael

Manner of injury _____
Nature of injury _____

16. BIRTHPLACE (CITY OR TOWN) Mercer Co. Mo. (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) L. Roy Wilson
Harris Mo.

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Harris DATE 1-10-1937

19. UNDERTAKER (ADDRESS) Edott Reed
Newtown Mo.

(Signed) [Signature]
(Address) Harris, Mo.

20. FILED Jan 5 1937 Mrs C. Paul Thomas Registrar.

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

107a

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

Do not use this space.

1. PLACE OF DEATH

County Merced
Township Medicine
City (No.) (No.) St. () Ward ()

Registration District No. 559
Primary Registration District No. 5753

File No. _____
Registered No. 1

2. FULL NAME

William Francis Wilson

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

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

7. AGE YEARS MONTHS DAYS If LESS than day, or min.
2 2 6

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) _____

13. NAME _____

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

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 5 1937 Mrs. Clara Thomas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-9 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him 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 _____

Broncho Pneumonia
did not have Whooping cough or measles prior to it along with pneumonia

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) C. G. Wise M.D.

(Address) Harris mo

5762-5