

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH

County Hodaway
Township Grant
City Barnard Mo (No.)

Registration District No. 617
Primary Registration District No. 5819

File No. 17110
Registered No. 8
St. Ward

2. FULL NAME

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

Length of residence in city or town where death occurred 56 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 Married (Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gertrude Pearl Pittsenger Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29 1880

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>56</u>	<u>56</u>	<u>9</u>	<u>29</u>	

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. ~~Bookkeeper~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Data deceased last worked at this occupation (month and year) April, 1937 11. Total time (years) spent in this occupation 40

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

13. NAME David Wilson

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

15. MAIDEN NAME Caroline Jobe

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

17. INFORMANT Floyd Wilson (ADDRESS) Barnard Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Barnard Cemetery DATE April 28, 1937

19. UNDERTAKER Campbell Funeral Home (ADDRESS) Marionville Mo

20. FILED April 28, 1937 Chas. D. Humbred Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from on April 26, 1937, to, 19.....

I last saw him alive on April 26, 1937. Death is said to have occurred on the date stated above, at 3:20 p. m.

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

Date of onset 4/26

Other contributory causes of importance: 22a1

Name of operation none Date of

What test confirmed diagnosis? none 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) Chas. D. Humbred, M. D.

(Address) Barnard Mo

