

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

Do not use this space.

1. PLACE OF DEATH

County Washington
Township Proctor
City Potosi (No. _____)

Registration District No. 889
Primary Registration District No. 179

File No. 4473
Registered No. _____
St. _____ Ward _____

2. FULL NAME Albert E Wilson

(a) Residence, No. _____ 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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>MM</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 24 1939</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>8</u>	<u>10</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

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

FATHER 13. NAME Albert Wilson

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

MOTHER 15. MAIDEN NAME Maud Vance

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Washington Co (STATE OR COUNTRY) _____

17. INFORMANT Harry Neclud (ADDRESS) Potosi

18. BURIAL, CREMATION, OR REMOVAL PLACE Bunker Hall DATE Feb 4 1938

19. UNDERTAKER Sparks (ADDRESS) _____

20. FILED Feb 10 1938 G.F. Creswell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1938 to Feb 3 1938. I last saw him alive on Jan 20 1938. 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:

Pulmonary Tuberculosis

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? No

If so, specify H. F. Russell, M. D. (Signed) _____

(Address) Potosi Mo.

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.

RECEIVED

FEB 23 1936

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MO. STATE BOARD OF HEALTH