

REC'D JUN 20 1938

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

18348  
Do not use this space.

1. PLACE OF DEATH <sup>2</sup>  
(a) County Henry Registration District No. 347  
(b) Township 1 Primary Registration District No. 3018 Registered No. \_\_\_\_\_  
(c) City Clinton (d) Street No. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Infant of Mr & Mrs Boyd Wilson 425  
(a) Residence, No. 608 E Grand River St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 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) 5/18/38

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 1 hrs. or 30 min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as 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) Clinton mo13. NAME Boyd Wilson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas city mo15. MAIDEN NAME Geraldine Banning16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton mo17. INFORMANT (ADDRESS) Mrs Wade Wilson  
Clinton mo18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 5/18/3819. FUNERAL DIRECTOR (ADDRESS) Concepcion & Rees  
Clinton mo20. FILED 5/21 1938 Dr J R Hampton  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18 193822. I HEREBY CERTIFY, That I attended deceased from May 18, 1938, to May 18, 1938

I last saw her alive on May 18, 1938 Death is said to have occurred on the date stated above, at 7:00 AM.  
The principal cause of death and related causes of importance were as follows:

Pneumonia, (6 1/2 mo)  
(Cause of death)  
(unknown)

Date of onset

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 \_\_\_\_\_, 1938

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) Geo W. Mead M. D.(Address) Clinton mo

(Licensed Embalmer's Statement on Reverse Side)

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.

W/et 3d

