

REC'D JUN 22 1938

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

Do not use this space.

19630

File No.

Registered No.

St. Ward)

1. PLACE OF DEATH

County Saline
 Township Blackwater
 City (No.)

Registration District No. 298Primary Registration District No. 60422. FULL NAME James B. Wilson

(a) Residence, No. Marshall, Mo. Route #1, Ward. 425
 (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) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 19385A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amanda Ellen Wilson22. I HEREBY CERTIFY, That I attended deceased from April 14, 1938, to April 18, 1938I last saw him alive on April 18, 1938. Death is said to have occurred on the date stated above, at 9:00 a.m.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10th, 1857

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 I 8

Lobar Pneumonia Date of onset: 4-14-38

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance: 105

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

Name of operation _____ Date of _____

13. NAME John WilsonWhat test confirmed diagnosis? Chinist Was there an autopsy? No14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

15. MAIDEN NAME Evylin York

Where did injury occur? _____ (Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Mrs Ruth Wilson Clayton, Ill.

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park Cem. DATE Apr. 20, 1938

Nature of injury _____

19. UNDERTAKER (ADDRESS) Marshall, Mo.24. Was disease or injury in any way related to occupation of deceased? no20. FILED June 18, 1938 C. L. Chiswell Registrar 710If so, specify _____ (Signed) Wm J. Abrey, M. D.(Address) Blackwater, Mo.

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

CONFIDENTIAL

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