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.

REC'D AUG 26 1938

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

26313
Do not use this space.

1. PLACE OF DEATH
(a) County Ray
(b) Township ~~Orrick~~
(c) City Orrick
Registration District No. 743
Primary Registration District No. 4445
Registered No. 13
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

2. PRINT FULL NAME WILBUR J WILSON 4-25
(a) Residence, No. Albany Mo (Ray Co.) St.
(Usual place of abode, if no street address, write county or city) (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) Sept. 5. 1924
7. AGE 14 YEARS MONTHS 10 DAYS 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School boy
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) 9th year School
11. Total time (years) spent in this occupation 1 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orrick Ray Co Mo.

FATHER
13. NAME Clifford J. Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Ray Co Mo.

MOTHER
15. MAIDEN NAME Jewell Leake
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orrick Ray Co Mo.

17. INFORMANT (ADDRESS) Clifford J Wilson Orrick, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE South Point DATE July 10 1938
19. FUNERAL DIRECTOR (ADDRESS) Samuelson & Turner Orrick, Mo.
20. FILED 7-10- 1938 W A Campbell M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9" 1938
22. I HEREBY CERTIFY, That I attended deceased from Apr. 17" 1938, to July 9" 1938
I last saw him alive on July 8 1938. Death is said to have occurred on the date stated above, at 5 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Rupture of Pancreas	5-17-38
Running to catch a batted ball struck abdomen by running against frame of cut off saw resulting in rupture of pancreas	

Other contributory causes of importance: Laboratory of fluid
Name of operation Exploratory Date of 5-30-38
What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5-17 1938
Where did injury occur? yard at his home, town (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. at home
Manner of injury Ran against frame on Saw
Nature of injury Rupture of pancreas

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Robt. Shuster, M. D.
(Address) Orrick Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Oscar Samuelson, Licensed Embalmer No. 3002

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Oscar Samuelson

Licensed Embalmer No. 3002

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)