

SEP 22 1938

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

Do not use this space.

29156

1. PLACE OF DEATH
County Jasper

Registration District No. 408

File No.

Township Carthage
City Carthage (No.)

Primary Registration District No. 3020

Registered No.

2. FULL NAME Gilbert H. Wild

(a) Residence, No. McCune-Brooks Hospital Ward. Sarcxie, Mo

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 3, 1938, 19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Daisy Wild

22. I HEREBY CERTIFY, That I attended deceased from 6-11, 1938, to 8-3-1938

I last saw him alive on 8-3-1938 Death is said to have occurred on the date stated above, at 7:20 P. M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29, 1876

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

7. AGE YEARS 62 MONTHS 2 DAYS 13 IF LESS than 1 day, hrs. or min.

Other contributory causes of importance: *Chc myocarditis*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurseryman

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) July, 1938 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) Sarcxie, Mo (STATE OR COUNTRY)

13. NAME James B. Wild

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

15. MAIDEN NAME Rosa B. Mulholland

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

17. INFORMANT Mrs. Daisy Wild (ADDRESS) Sarcxie, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sarcxie Cemetery DATE Aug. 5, 1938

19. UNDERTAKER Engelage Funeral Home (ADDRESS) Sarcxie, Mo

20. FILED Aug. 5, 1938 E. J. Mc Intire, M.D. Registrar

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? If so, specify

(Signed) *E. J. Mc Intire* M. D. (Address) *Sarcxie, Mo*

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

RECEIVED

District Health Officer No. 6.

District File Number 6-38-20

Date Filed 9/19/38