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.

SEP 19 1938

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

Do not use this space.

1. PLACE OF DEATH
County Lewis — Registration District No. 479 — File No. 29369
51. Township Reddish — Primary Registration District No. 56436 — Registered No.
City — (No. — St. — Ward)

2. FULL NAME Wilson Edd St John
(a) Residence, No. LaBelle, Mo St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Effie St John (divorced)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 27-1869
7. AGE: YEARS 68 — MONTHS 10 — DAYS 9 — If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lewis Co. Mo

FATHER
13. NAME: Joseph St John
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

MOTHER
15. MAIDEN NAME: Nancy Beckner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lewis Co. Mo

17. INFORMANT (ADDRESS): Mrs Mollie Childers LaBelle Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Colony — DATE: Aug 8 1938
19. UNDERTAKER (ADDRESS): Gerth Baskett Wyanda Mo
20. FILED 8/17 1938 J L Bowen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 6 1938

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1938, to Aug 6, 1938
I last saw him alive on Aug 5, 19.... Death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

Apoplexy — Date of onset

8261

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?
If so, specify
(Signed) Rial McReynolds, M. D.
(Address) Knox City Mo

RECEIVED
District Health Officer No. 10
District File Number 10-38-134
Date Filed 9-15-38