LEGO JAN 20 1939

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

44146
Do not use this space.

1. PLACE OF DEATH
(a) County Pike
(b) Township Peno
(c) City Frankford
Registration District No. 688
Primary Registration District No. 44412
Registered No. 31
(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 Tomas Byron Wilson
(a) Residence, No. ..... 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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ida Belle Wilson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug-13-1876
7. AGE: Years 62 | Months 6 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired Farmer
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): Frankford Missouri 0

FATHER
13. NAME: George Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 0

MOTHER
15. MAIDEN NAME: Margreat Weathford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 0

17. INFORMANT (ADDRESS): Mrs Tabitha Harlinger Frankford, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Frankford Cem DATE Jan 1- 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Fields & Son Frankford Missouri
20. FILED Jan 3 1939 Mattie Unsell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/31 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/8 1938, to 12/6 1938
I last saw him alive on 12/6/38 1938. Death is said to have occurred on the date stated above, at 12:30A
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
9 2 C	
Other contributory causes of importance: Chronic hypertension	

Name of operation none Date of --
What test confirmed diagnosis? clin Was there an autopsy? no

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? no
If so, specify
(Signed) G. Cunningham, M. D.
(Address) Louisiana, 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.

RECEIVED
District Health Officer No. 10
District File Number 10-38-953
Date Filed 1/14/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.

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