

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

Do not use this space.

2067

REC'D FEB 21 1939

1. PLACE OF DEATH

26 County Cole
Township Clark
City Wentz (No. 1)

Registration District No. 212
Primary Registration District No. 5292

File No. _____
Registered No. 1
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Wentz, Mo. Ward _____
(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

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 Mary Watson Wilson (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27 1865

7. AGE YEARS 73 MONTHS 8 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

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) Missouri

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Geo. Wilson

18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral Home DATE 1-15-39

19. UNDERTAKER (ADDRESS) Hubert Schuch

20. FILED Hubert Schuch, Mo.

June 12 - 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 14 1939

22. I HEREBY CERTIFY that I attended deceased from _____ 19____ to Jan 15 1939

I last saw him alive on Jan 14 1939 Death is said to have occurred on the date stated above, at 4:30 PM

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

Cerebral thrombosis Date of onset 1-14-39

Other contributory causes of importance: _____

Name of operation None 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) J. Marpley, D.O. M. D.

(Address) Wentz, Mo.

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.

