

FILED APR 23 1940

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

11555
Do not use this space.

1. PLACE OF DEATH
 (a) County Lewis Registration District No. 477
 (b) Township Dakson Primary Registration District No. 5646 Registered No. 13
 (c) City or (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME James Lillard Wilson
 (a) Residence, No. 425 St. (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 Emma Jane Tuttle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2 1869

7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min.
70 10 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 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
1931

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canton Mo

FATHER 13. NAME Joseph F. Wilson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knoxville Tenn

MOTHER 15. MAIDEN NAME Jana Barnett
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knoxville Tenn

17. INFORMANT (ADDRESS) Joseph D. Wilson Monticello Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Canton Mo DATE March 14 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) James A. Coler Lewis town, Mo.

20. FILED Mar. 14 1940 H. W. Harris MD (Address) 430
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12 1940

22. I HEREBY CERTIFY, That I attended deceased from Mar 4, 1940 to Mar 12, 1940
 I last saw h. alive on Mar 12, 1940 Death is said to have occurred on the date stated above, at 7 P. M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Thrombus

Date of onset Mar 4

Other contributory causes of importance:
Brain Hypertension + Proctitis

Name of operation Date of
 What test confirmed diagnosis? Autopsy 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) J. D. Lillard M.D.
Dakson Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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RECEIVED

District Health Officer No. 10

District File Number 4-40-796

Date Filed APR 9 1940

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 by.....

Licensed Embalmer No.....

P. O. Address.....

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

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