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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 25 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr F B Fa... 1556
State File No.
Registrar's No. 8

Registration District No. ... Primary Registration District No. 200

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Adair
(a) County
(b) City or town Greentop Rural
(c) Name of hospital or institution:
(d) Length of stay: In hospital or institution 75 Years
In this community 75 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Adair
(c) City or town Rural
(d) Street No.
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME James Van Doren Wilson

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Maggie Page Wilson 6. (c) Age of husband or wife if alive 1863

7. Birth date of deceased Feb 14 1863

8. AGE: Years 77 Months 10 Days 26

9. Birthplace Barber Co West Va

10. Usual occupation Farmer

11. Industry or business

12. Name William Wilson 13. Birthplace Barber Co West Va

14. Maiden name Mary Jane Mustoe 15. Birthplace Bath Co West Va

16. (a) Informant E E Wilson (b) Address Greentop Mo

17. (a) Burial (b) Date thereof I 12. 1947

18. (a) Signature of funeral director (b) Address

19. (a) Jan. 13/41 (b) Spencer L. Freeman

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month I day 10 year 1947 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from 1944 to Jan 7, 1947 that I last saw him alive on Jan 9 AM, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Pericarditis of heart

Due to... Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations... Of autopsy... PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: While at work (Specify type of place) (e) Means of injury Date signed

