

FILED JUL 30 1948

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

24000

Do not use this space.

1. PLACE OF DEATH

(a) County St. Clair Registration District No. 314
(b) Township Butler Primary Registration District No. 4457 Registered No. 45
(c) City Laury C. Ty. Mo. (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 10 yrs. - mos. - ds. (f) How long in U.S., if of foreign birth? yrs. - mos. - ds.

2. PRINT FULL NAME

James Delaware Wilson
(a) Residence, No. Laury City Mo St Clair Co. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Minnie Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 9 24

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

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) Jefferson City Mo. (STATE OR COUNTRY)

13. NAME John Leonard Wilson

14. BIRTHPLACE (CITY OR TOWN) Jefferson City Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Lenora Moore

16. BIRTHPLACE (CITY OR TOWN) Jefferson City Mo. (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs. Minnie Wilson
Laury City Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Crescent Hill Cemetery DATE 7-11-1948
Adrian Mo.

19. FUNERAL DIRECTOR (NAME) H. C. Austin
(ADDRESS) Laury City Mo.

20. FILED 7-12 1948 Ruth Seever
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/9/1948

22. I HEREBY CERTIFY, That I attended deceased from

July 7, 1948, to July 7, 1948
I last saw him alive on July 7, 1948 Death is said to have occurred on the date stated above, at 5:10 p.m.
The principal cause of death and related causes of importance were as follows:

Embolism Thrombosis
Head & Heart

Date of onset

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) C. S. Trotter, M. D.

(Address) Laury City 7-9-48

Relinquished
District Health Officer No. 7
District File Number 648-85
Date Filed 7-29-48

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 H. C. Austin.....

Licensed Embalmer No. 3609.....

P. O. Address Laurie City Mo.....

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

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