

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.

DEC 5 1936

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

Do not use this space.

38416

1. PLACE OF DEATH

County Moniteau
Township Pine Grove
City Lathrop (No.)

Registration District No. 577
Primary Registration District No. 5775

File No.
Registered No. 16
St. Ward)

2. FULL NAME

John Leonard Wilson

(a) Residence, No. St. 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 <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Alexis Wilson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 9-1859</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>3</u>	DAYS <u>16</u>
		If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Engineer</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kear

13. NAME Jubilee Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Co Mo

15. MAIDEN NAME Nancy Jane Melvin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Co Mo

17. INFORMANT (ADDRESS) Floyd Wilson Lathrop Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pine Grove DATE 10/28 1936

19. UNDERTAKER (ADDRESS) Willems & Freidleyer California Mo

20. FILED 10-29 1936 Mailda Robertoau Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25 1936

22. I HEREBY CERTIFY. That I attended deceased from Oct 1 1936, to Oct 18 1936
I last saw him alive on Oct 16 1936 Death is said to have occurred on the date stated above, at 10 a. m.

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

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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?
If so, specify

(Signed) G. J. Wilson M. D.
(Address) B. O. Wilson Mo

