

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

Do not use this space.

34165

**1. PLACE OF DEATH**

County Moniteau  
Township Ann  
City (No. ....) (State) (Ward)

Registration District No. 574  
Primary Registration District No. 572a

File No. 1927  
Registered No. 13

**2. FULL NAME** James P 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 90 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) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 31 - 1836

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
91 3 15

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) North Carolina

**10. NAME OF FATHER**

Joseph Wilson

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) North Carolina

**12. MAIDEN NAME OF MOTHER**

Dearing

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) North Carolina

**14.**

INFORMANT R. A. Wood  
(Address) Camestown, Mo.

**15.**

FILED 11/16 1927 St. James REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11 - 15 1927

17. I HEREBY CERTIFY That I attended deceased from Nov 11 - 15 1927 to 11 - 15 1927 that I last saw him alive on 11 - 14 1927 and that death occurred, on the date stated above, at 11:15 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Branch - P pneumonia  
11:15 A.M. (duration) yrs. .... mos. 12 da.  
CONTRIBUTORY (SECONDARY) Influenza  
(duration) yrs. .... mos. 2 da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH. no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) J. H. Meredith, M. D.

(Address) 11-15197

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

Union Cem 11-16 1927

**20. UNDERTAKER**

**ADDRESS**

C. Albert Hornbeck Prairie Home 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.

1928  
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