

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.

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

Do not use this space.

*Mitchell*  
44031

80  
12-19-32

1. PLACE OF DEATH

County Peters Registration District No. 668  
Township Sedalia Primary Registration District No. 3032  
City Sedalia (No. Bohannan Hosp)

File No. \_\_\_\_\_  
Registered No. 340 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 1217 So Fair St., \_\_\_\_\_ Ward \_\_\_\_\_

(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>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 17 1907</u>		
7. AGE	YEARS <u>25</u>	MONTHS <u>9</u>
	DAYS <u>0</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner; sawyer, bookkeeper, etc.	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) mo 1

13. NAME J. G. Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

15. MAIDEN NAME Hedraed Elliott

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

17. INFORMANT (ADDRESS) J. G. Wilson Sedalia mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mem Park DATE 12/19 1932

19. UNDERTAKER (ADDRESS) Tilligens Funeral Home Sedalia mo

20. FILED 12-19-32 J. L. Love Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 17 32 to Dec 17 32

I last saw him alive on Dec 17 1932 Death is said to have occurred on the date stated above, at 8:40 m.

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

Gun shot wound in head

Date of onset

Other contributory causes of importance:

①

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? suicide of injury 12-17 1932

Where did injury occur? his home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Wound in head

Nature of injury gun shot wound

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) J. Quither M. D.

(Address) Sedalia Mo.

