JAN 17 1936

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

Do not use this space.

40358
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1. PLACE OF DEATH
County _Monteau_ Registration District No. _571_ File No. _____
Township _Walker_ Primary Registration District No. _4335_ Registered No. _79_
City _California_ (No. _____ St. _____ Ward.)

2. FULL NAME _Chas Kendrick 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	MEDICAL CERTIFICATE OF DEATH

3. SEX _Male_ **4. COLOR OR RACE** _W_ **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) _Married_

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Feb 21 – 1854_

7. AGE YEARS _81_ MONTHS _9_ DAYS _18_ If LESS than 1 day, ____hrs. or ____min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME _James Wilson_
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Ky_

MOTHER
15. MAIDEN NAME _Joseph Ann Kendrick_
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Ky_

17. INFORMANT _Mrs Junnie Williams_
(ADDRESS) _California_

18. BURIAL, CREMATION, OR REMOVAL
PLACE _Masonic Cem_ DATE _12/10_ 193_4_

19. UNDERTAKER _Williams & Friedmeyer_
(ADDRESS) _California Mo_

20. FILED _12-9_ 1935 _H. R Poyson_ Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _Dec 8_ 19_35_

22. I HEREBY CERTIFY, That I attended deceased from _Nov 7_, 1934, to _Dec 8_, 19_35_
I last saw h____ alive on _Dec 8_, 19_35_ Death is said to have occurred on the date stated above, at _10.0_ m.
The principal cause of death and related causes of importance were as follows: Date of onset

Arterio Sclerosis
Chronic. Curral
unknown.

Other contributory causes of importance:
Valvular heart
disease.

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) _L. L. Latham_ M. D.
(Address) _California Mo_