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

Do not use this space.
16919

1. PLACE OF DEATH
County Washington Registration District No. 887 File No.
Township Breton Primary Registration District No. 6179 Registered No. 26.
City (No. St. Ward)

2. FULL NAME Richard Wishon

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 M.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF martha Marler.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16 - 1856
7. AGE YEARS 74 MONTHS 8 DAYS 11 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mining.
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) Ohio.

FATHER
13. NAME Jerdin Wishon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

MOTHER
15. MAIDEN NAME Mary Crabtree
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

17. INFORMANT Henan Wishon
(ADDRESS) Potosi, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Potosi, Mo DATE 4-28, 1931
19. UNDERTAKER F. B. Boyer & Son
(ADDRESS) Potosi, Mo.
20. FILED 4-28, 1931 Jos. L. Thurman *Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-27, 1931

22. I HEREBY CERTIFY, That I attended deceased from No Physician. 19 , to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:
Left side of head, blown away with shot gun, self inflicted.
Date of onset: Instantly

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Other contributory causes of importance: Carcinoma on head. 4-1-1930

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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? Suicide Date of injury 4-27, 1931
Where did injury occur? Home, Washington Co. Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In home.
Manner of injury Gun shot of head.
Nature of injury Left side of head shot away.

24. Was disease or injury in any way related to occupation of deceased? no.
If so, specify
(Signed) Jos. L. Thurman, Coroner. M. D.
(Address) Potosi, Mo.

MAY 27 1931

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.