

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

Do not use this space.

36125

1. PLACE OF DEATH

County Butler

Registration District No. 89

File No. 36125

Township Poplar Bluff

Primary Registration District No. 3007

Registered No. 304

City Poplar Bluff (No.)

St. Ward

2. FULL NAME

William Anes Wilkins

(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 M- 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 Edua Wilkins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 25, 1882

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>45</u>	<u>8</u>	<u>23</u>		

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) Randolph County, Arkansas

10. NAME OF FATHER James Wilkins

11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) not known Ga -

12. MAIDEN NAME OF MOTHER Mary March

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; STATE OR COUNTRY) not known Ga.

14. INFORMANT Dr. R. D. Cox
(Address) Coring Ck.

15. FILED 1-5-1928 W. S. Bailey

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/18 1927

17. I HEREBY CERTIFY, That I attended deceased from , 1927, to , 1927, that I last saw h. alive on , 1927, and that death occurred, on the date stated above, at 9 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Appendicitis
12/18/27
177 117 10 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Peritonitis
(duration) yrs. mos. ds. 2

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Dr. H. H. H. H., M. D.

12/31, 1927 (Address) Poplar Bluff Mo

*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 Williams Cemetery DATE OF BURIAL 12/20 1927

20. UNDERTAKER Frank M. Co. Poplar Bluff ADDRESS

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

REGISTERED

