OCT 26 1928

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

Do not use this space.

30790

1. PLACE OF DEATH

County: Jasper — Registration District No. 408

Township: — Primary Registration District No. 3020

City: Carthage (No. ..., ... St. ... Ward)

File No. ...

Registered No. ...

2. FULL NAME Betty Belle Wilkerson

(a) Residence. No. 104 S. Fulton 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 26-1927

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ... min.
	1	—	23	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

11990
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9. BIRTHPLACE (CITY OR TOWN) Carthage
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Oliver Wilkerson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Diff City
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Pauline Parker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Little Rock
(STATE OR COUNTRY) Ark.

14. INFORMANT Mrs. Oliver Wilkerson
(Address) Carthage, Mo.

15. FILED 9/21, 1928 — Ernest Coleman
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 19 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1928, to Sept 18, 1928, that I last saw h. alive on Sept. 18, 1928, and that death occurred, on the date stated above, at 10:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diarrhea and Enteritis

1136

(duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (SECONDARY) Rickets

(duration) ... yrs. ... mos. ... ds.

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? Clinical

(Signed) C. D. Hatcher, M. D.

9/19, 1928 (Address) 338 Grant St. Carthage 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	DATE OF BURIAL
Oak Hill Cemetery	Sept. 21 1928.

20. UNDERTAKER Knell Mortuary — ADDRESS Carthage

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.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD