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

Do not use this space.

8177

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1631

City St. Louis (No. 3186 Portis ave ..... St. ..... Ward)

2. FULL NAME Walter A. Wilkinson

(a) Residence. No. 3186 Portis ave St., 16 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 12, 1867

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
61	4	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Bond Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) Lorenzo-Anderson
(c) Name of employer Company

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Alfred Wilkinson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Albion
(STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Ellen Dyson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Scheffield
(STATE OR COUNTRY) England

14. INFORMANT Jesse O. Wilkinson
(Address) Webster Groves, Mo

15. FILED ..... 1929 Max C. Starkeff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby 1 1929

17. I HEREBY CERTIFY, That I attended deceased from March 18, 1928, to Feby 1, 1929, that I last saw him alive on January 30, 1929, and that death occurred, on the date stated above, at 9 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Chronic
936
11B
(duration) yrs. several mos. ds.

CONTRIBUTORY (SECONDARY) La Grippe
(duration) yrs. several mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH? x
DID AN OPERATION PRECEDE DEATH? no DATE OF x
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Diagnosis
(Signed) Henry S. Brooks, M. D.
Feby 1, 1929 (Address) Grand & Lafayette

*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: St. Peters
DATE OF BURIAL: 2/4 1929

20. UNDERTAKER: Wagoner
ADDRESS: 3621 Olive

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.

172