

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

Do not use this space.

10926

**1. PLACE OF DEATH**

County.....

Registration District No. 701

Township.....

Primary Registration District No. 1005

City.....

(No. Barnes Hospital)

File No.....

Registered No. 2953

St.....

Ward.....

**2. FULL NAME**

(a) Residence. No. 4265 Manchester St. 18 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 Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/21 1930

17.

I HEREBY CERTIFY, That I attended deceased from

June, 1926, to 3/21, 1930  
that I last saw h. alive on 3/21, 1930, and that death occurred, on the date stated above, at 10:25 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Tuberculosis, Chronic Pulmonary

23 1/2  
10 1/2  
31

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Bronchopneumonia

Operation for Pulm. Tuberculosis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

11 DID AN OPERATION PRECEDE DEATH? yes DATE OF 3/12/30

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Alfred Goldman, M. D.

3/21, 1930 (Address) 3725 Washington

\*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.

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Illinois

10. NAME OF FATHER Geo. C. Willcoxon

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Nebraska

12. MAIDEN NAME OF MOTHER Sarah Cameron

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Iles

14.

INFORMANT Dore Koplo

(Address) 4265 Manchester St.

15.

FILED Mar 23 1930

REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Wachalla Cemetery

3/24 1930

20. UNDERTAKER

ADDRESS

Meek and Dickman

3039 1/2 Easton

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.

