

MAY 27 1930

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

Do not use this space.

13167

1. PLACE OF DEATH

County

Lawrence

Registration District No.

468

City

Mediaville

Primary Registration District No.

4281

File No.

Registered No.

9

St.

Ward)

2. FULL NAME

Sarah Catherine Wilks

(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

Female

4. COLOR OR RACE

W

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

Widowed

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

G. M. Wilks

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

April 2 1886

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

74

0

12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(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)

Sayletville Ark.

10. NAME OF FATHER

John C. Norris

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn.

12. MAIDEN NAME OF MOTHER

Margaret Keiffer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Paul Knou.

14.

INFORMANT

(Address)

Mr. Geo. Rogan
Marionville

15.

FILED

April 19, 1930

R. Andrews

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Apr 14 1930

17. I HEREBY CERTIFY, That I attended deceased from ^{5 m} was taken dead at 2 P.M. 1930 to April 14 1930, and that I last saw her alive on April 14 1930, and that death occurred, on the date stated above, at 2 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Q2A

Cerebral Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

J. M. Litherington, M. D.

, 19

(Address) Marionville 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

Spring River Cemetery

4-19-30

20. UNDERTAKER

ADDRESS

Hudson Bradford

Mediaville

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.

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