

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

Do not use this space.

38572

File No. _____
Registered No. 1303
St. _____ Ward _____

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1007
City St. Joseph, Mo. No. 2420 Francis

2. FULL NAME

Mary M. Bilkins
(a) Residence. No. 2920 Francis 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 7, 1845</u>		
7. AGE	YEARS <u>85</u>	MONTHS <u>5</u>
	DAYS <u>27</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Home</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>✓</u> (c) Name of employer _____		
9. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>England</u>		
PARENTS	10. NAME OF FATHER <u>John Brexton</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>England</u>	
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Unknown</u>	

14. INFORMANT Mr. C. P. Woodherton
(Address) St. Joseph, Missouri

15. FILED 38572 1930
John L. G. G. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 4, 1930
17. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1929, to Dec 4, 1930
that I last saw her alive on Dec 4, 1930 and that death occurred, on the date stated above, at 5:30 p. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cerebral Thrombosis
(Left Hemiplegia)
2 1/2 yrs. (duration) yrs. mos. 12 ds.
CONTRIBUTORY Arterio Sclerosis
(SECONDARY) (duration) Unknown

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 Signs & Symptoms
(Signed) Clarence A. Good M. D.
Dec 5, 1930 (Address) St. Joseph, 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 Brenton, New Jersey DATE OF BURIAL Dec 5, 1930
20. UNDERTAKER Fleming Funeral Home ADDRESS 1946 Palhoun

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.

JAN 19 1931

