WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

23 1931

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

Do not use this space.

4470

1. PLACE OF DEATH

County Atchison — Registration District No. 19 — File No.

Township Clay — Primary Registration District No. 4013 — Registered No.

City Rock Port (No. ..... St. ..... Ward)

2. FULL NAME Houston S. Wilkenson

(a) Residence. No. ..... 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)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-10-1845

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	85	4	17	

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

9. BIRTHPLACE (CITY OR TOWN) 2
(STATE OR COUNTRY) Iowa

PARENTS

10. NAME OF FATHER Houston S. Wilkenson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) 31
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Jane Houston

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown

14. INFORMANT Mrs C. W. Allen
(Address) Rock Port. Mo

15. FILED Feb. 27, 1931 Mary G. Chamberlain REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-27 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 21st, 1931, to Feb 27th, 1931 that I last saw him alive on Feb 26th, 1931, and that death occurred, on the date stated above, at 5.30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza

116

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY) 116

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF X X

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) C. H. Lewis, M. D

2-27, 1931 (Address) Rock Port 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
Bohemian Cem. (Harrison Co)	2-29 1931

20. UNDERTAKER	ADDRESS
Gratz Bartholomew	Rock Port. Mo

23 1931

Items #2, 9, 10, 11, 12 & 13 corr. by aff. from grandson (Maternal) - 9-10-79

23 1931

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

Do not use this space.

4470

1. PLACE OF DEATH
County Harrison
Township
City Rock Port
Registration District No. 19
Primary Registration District No. 4013
File No.
Registered No.
(No. St. Ward)

2. FULL NAME HUSTON S. WILKINSON
(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-10-1845
7. AGE: 85 YEARS | 4 MONTHS | 17 DAYS | If LESS than 1 day, ___ hrs. or ___ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Near Iowa City, Iowa
(STATE OR COUNTRY) Iowa
PARENTS
10. NAME OF FATHER James S. Wilkinson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kent County, Delaware
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Jane Huston
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) College Corner, Ohio
(STATE OR COUNTRY)
14. INFORMANT Mara C. W. Allen
(Address) Rock Port, Mo
15. FILED Feb. 27, 1931 Mary J. Chamberlain REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-27 1931
17. I HEREBY CERTIFY, That I attended deceased from Feb 2 1931, 1931, to Feb 27th, 1931 that I last saw him alive on Feb 26th, 1931, and that death occurred, as the date stated above, at 5.30 A.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
11B
(duration) yrs. mos. 6 da.
CONTRIBUTORY (SECONDARY)
11B
(duration) yrs. mos. da.
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?
(Signed) E. H. Lewis, M.D.
2-27, 1931 (Address) Rock Port 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: Bohemian Cem. (Harrison Co)
DATE OF BURIAL: 2-28 1931
20. UNDERTAKER: Fritz Bartholomew
ADDRESS: Rock Port Mo

9-10-79