

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 288
 Township Independence Primary Registration District No. 2172
 City Kennett (No. _____) St. _____ (Ward _____)

File No. 13710

Registered No. _____

2. FULL NAME Paul Baldwin Wilburn

(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. 6 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 5, 1931

7. AGE YEARS MONTHS DAYS IT LESS than 1 day, hrs. or min.
6

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work _____
 (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) Missouri

10. NAME OF FATHER William Jennings Bryan Wilburn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kennett, Missouri

12. MAIDEN NAME OF MOTHER Nellie Beula Dean

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kennett Co., Missouri

14. INFORMANT Wm. Jennings Bryan Wilburn (Address) Kennett, Mo.

15. FILED 4/29/31 Paul Baldwin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 11th 1931

17. I HEREBY CERTIFY, That I attended deceased from April 5, 1931, to April 11, 1931, that I last saw him alive on April 6, 1931, and that death occurred, on the date stated above, at 5 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Inanition of first born of triplets

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

CONTRIBUTORY (SECONDARY) 158 (duration) yrs. _____ mos. _____ ds.

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 none

(Signed) Paul Baldwin, M. D. (Address) Kennett, 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 Gregory DATE OF BURIAL 4/10 1931

20. UNDERTAKER Name also secured Mo ADDRESS _____

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. MAY 23 1931

