

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

Do not use this space.

1. PLACE OF DEATH

County Worth
Township Witchell
City Wichita (No.)

Registration District No. 903

Primary Registration District No. 4545

30401

File No.

Registered No. 20

St.

Ward

2. FULL NAME

(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 40 yrs. mos. ds.

How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>C. H. Wyman</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 8, 1866</u>		
7. AGE <u>65</u>	YEARS <u>2</u>	MONTHS <u>6</u>
		DAY <u>6</u>
		IF LESS than 1 day, <u> </u> hrs. or <u> </u> min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Lined with grant
(b) General nature of industry, business, or establishment in which employed (or employer) daughter
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Strawberry Point
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Richard Wilkinson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Point Man
(STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Mary Nobel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Point Man
(STATE OR COUNTRY) Illinois

14. INFORMANT Mrs. Cora Elliott
(Address) Grand City Mo.

15. FILED 9/10 31 John Andrews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 13 - 1931

17. I HEREBY CERTIFY, That I attended deceased from April 17 - 1931 to Aug 13 - 1931, that I last saw her alive on Aug 13 - 1931, and that death occurred, on the date stated above, at 8:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis and nervous prostration

CONTRIBUTORY (SECONDARY) acute laryngitis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 936

IF NOT AT PLACE OF BIRTH 1647

DID AN OPERATION PRECEDE DEATH? NO DATE OF 8-7-31

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? 936

(Signed) J. J. D. D. M. D.

9.13.1931 (Address) Grand City 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 Albion Cemetery

DATE OF BURIAL 8/15 1931

20. UNDERTAKER Arch C. Dumble

ADDRESS Grand City

SEP 28 1931

