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.

NOV 5 '31

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

Do not use this space.

35327

1. PLACE OF DEATH
County Phelps — Registration District No. 676 — File No.
Township Arlington — Primary Registration District No. 5899 — Registered No. 23
City (No. St. Ward)

2. FULL NAME Anna Lee 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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) Oct 21 - 1931

7. AGE — YEARS — MONTHS — DAYS 1 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newburg Mo

FATHER
13. NAME Alonzo Wilkinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co Mo

MOTHER
15. MAIDEN NAME Golda Hudgens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kirkwood Mo

17. INFORMANT (ADDRESS) Mrs Edw Wilkinson Newburg

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mill Creek DATE 10/22 1931

19. UNDERTAKER (ADDRESS) Lee Johnson

20. FILED 10/22 1931 B T Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 21 - 1931, to Oct 21 - 1931
I last saw her alive on Oct 21 - 1931. Death is said to have occurred on the date stated above, at 7 30 p m.
The principal cause of death and related causes of importance were as follows:

Patent foramen Ovale — Date of onset
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Other contributory causes of importance:

Name of operation none — Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) R E Brown, M. D.
(Address) Newburg Mo