

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

Do not use this space.

38566

1. PLACE OF DEATH

County Pettis
Township Flat Creek
City Ledalia (No. 1)

Registration District No. 668
Primary Registration District No. 5891

File No. 312
Registered No. 312
St. Ledalia Ward 1

2. FULL NAME

Lena Wilhelmine Wilken
(a) Residence, No. Ledalia Route 1 St. Ledalia Ward 1
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 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>married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lewis Henry Wilken</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 18 1896</u>		
7. AGE <u>35</u>	YEARS <u>1</u>	MONTHS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>
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) <u>Pettis County Missouri</u>		
13. NAME <u>William Albers</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
15. MAIDEN NAME <u>Christiana Lembar</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT <u>L. N. Wilken</u> (ADDRESS) <u>P. R. #2 Ledalia Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>11/5</u>		
19. UNDERTAKER <u>McLaughlin Bros</u> (ADDRESS) <u>Ledalia Mo</u>		
20. FILED <u>11-5</u> , 19 <u>31</u> <u>J. L. Love</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1931, to Nov 3, 1931
I last saw her alive on Nov 3, 1931. Death is said to have occurred on the date stated above, at 5:00 m.
The principal cause of death and related causes of importance were as follows:
Cyst of Broad Ligament
Date of onset 139B
Other contributory causes of importance: Pericyst of broad following operations
Name of operation Cyst of Broad Ligament Date of operation Oct 30
What test confirmed diagnosis? Physical 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 —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify —
(Signed) Wm. Albers, M. D.
(Address) Ledalia Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

