

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

Do not use this space.

43243

File No. _____
Registered No. 30
St. _____ Ward _____

1. PLACE OF DEATH
County Moore Registration District No. 903
Township North Primary Registration District No. 6211
City Atterdale (No. _____) St. _____ Ward _____

2. FULL NAME Dorothy Louise 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant 3 days

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 6 - 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 3

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 9 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 9 1931 to Dec 9 1931
that I last saw him alive on Dec 9 1931 and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gastritis acuta,
1120
vomited bloody
material (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 118 (duration) yrs. mos. ds.

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

9. BIRTHPLACE (CITY OR TOWN) Atterdale
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Errett Wilkinson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) North
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Opal Warner

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

14. INFORMANT Errett Wilkinson
(Address) Atterdale Mo

15. FILED 12/9/31 John Andrews
REGISTRAR

8. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) John Andrews, M. D.
129, 1931 (Address) Frank City

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT INJURIES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Atterdale Cem DATE OF BURIAL 12-10-1931

20. UNDERTAKER Andrews ADDRESS R. Q.

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.

JAN 2 1932

