

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 28 1932

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

Do not use this space.

33171

1. PLACE OF DEATH

80 County Pettis  
Township Flat Creek  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 668  
Primary Registration District No. 5891

File No. \_\_\_\_\_  
Registered No. 259  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Velma Irene Wilken  
(a) Residence. No. Sedalia Route 1 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)

July 11, 1926

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

6

2

22

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)

Pettis Co. Missouri

10. NAME OF FATHER

Louis H. Wilkens

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

St. Charles

12. MAIDEN NAME OF MOTHER

Lena W. Albers

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Pettis County Mo.

14.

INFORMANT

(Address)

Louis H. Wilken

Sedalia Route 1

15.

FILED 10-5-32

J. L. Love

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/13/32 19

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Killed by being struck on head by passing automobile on highway 65 south of Sedalia  
contributory was walking across highway  
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_

0 WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) W. J. Bishop Coroner, M. D.

, 19 (Address) Sedalia 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

DATE OF BURIAL

Memorial Park, Sedalia

10/15 1932

20. UNDERTAKER

ADDRESS

McLaughlin Bros

Sedalia Mo

