

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

Do not use this space.

41158
2

1. PLACE OF DEATH

County Andrew

Township Friendship

City Friendship

Registration District No. 214

Primary Registration District No. 5949

File No. _____

Registered No. 4

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____

Ward _____

(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)

Married

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

A. M. Wilkins

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

Feb. 14, 1875

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.

57

10

10

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Thresher

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

At Home

10. Date deceased last worked at
this occupation (month and
year)

12 months

11. Total time (years)
spent in this
occupation

23 1/2

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

Adams, Pa.

FATHER

13. NAME

Fred Thompson

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Jefferson Co., Pa.

MOTHER

15. MAIDEN NAME

Mary A. Thomas

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Wilmington, Ohio

17. INFORMANT
(ADDRESS)

Alva M. Wilkins
Waynesville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Friendship

DATE

Oct. 26, 1932

19. UNDERTAKER
(ADDRESS)

Taughm & Son
Waynesville, Mo.

20. FILED

1-6-

1932

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Registrar

MEDICAL CERTIFICATE OF DEATH

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

12/24

1932

22. I HEREBY CERTIFY, That I attended deceased from

April

1932

to

Dec. 24

1932

I last saw him

alive on

Dec. 23

1932

Death is said

to have occurred on the date stated above, at 4:25 P.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset
12/24/32

53

Other contributory causes of importance:

Arteriosclerosis of Thorax

Name of operation

None

Date of

What test confirmed diagnosis?

Specimen

(Was there an autopsy?) no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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)

C. G. Talbot

M. D.

(Address)

Waynesville, Mo.

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.

