

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.

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

Do not use this space.

B. H.
1381
File No. 1381
Registered No. 111
St. Ward

1. PLACE OF DEATH
48 County Jackson Registration District No. 399
10 Townshp. new Primary Registration District No. 1008
1 City N. P. mo (No. 3403 East 28th)
2. FULL NAME Alice Wilkinson
(a) Residence, No. 3403 - E - 28th St. 14 Ward.
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edwin J.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug - 29 1868
7. AGE YEARS 69 MONTHS 4 DAYS 7 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) England

13. NAME Dennis Donegan

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

15. MAIDEN NAME no record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

17. INFORMANT (ADDRESS) Mabel W. Ware 3403 - East 28th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Jan 9 - 1933

19. UNDERTAKER (ADDRESS) Mrs. C. L. Foster 918 Brooklyne, ave.

20. FILED 1 - 8 1933 M M Curie Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 6 - 1933
22. I HEREBY CERTIFY That I attended deceased from Deputy Coroner, 1933
I last saw h. alive on, 1933. Death is said to have occurred on the date stated above, at 5 A. m.
The principal cause of death and related causes of importance were as follows:

Coronary occlusion with chronic fibrous myocarditis
Other contributory causes of importance:
930 940

Name of operation Autopsy Date of 930
What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 1933
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) Deputy Coroner
(Address)

1101
1102
1103