

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

Do not use this space.

1. PLACE OF DEATH

10 County Boone Registration District No. 75
Township Perche Primary Registration District No. 5114
City (No. _____) St. _____ Ward _____

File No. **22314**

Registered No. _____

2. FULL NAME

Reine Lee Wilchite
(a) Residence, No. _____ St. _____ 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 Female 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 Porter Wilchite

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 26 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 6 —

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
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) Boone County

FATHER 13. NAME Elyas Hawkins

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

MOTHER 15. MAIDEN NAME Sarah Lane

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

17. INFORMANT Mrs. Curt Whitesides
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 7/18 1937

19. UNDERTAKER W. H. Henderson
(ADDRESS) Columbia, Mo.

20. FILED 8-10 1937 Mrs. H. Gullett
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw h. _____ alive on July 26 1937 Death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

Chronic Pulmonary Tuberculosis
J. J. A.

Other contributory causes of importance: J. J. A.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____
(Signed) Robert H. Simpson, M. D.
(Address) Columbia, 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.

SEP 26 1937

WHITE PRINTING WITH NON-FADING INK—THIS IS A PERMANENT RECORD

