

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

Do not use this space.

32486

1. PLACE OF DEATH

County Cedar  
Township Box  
City                      No.                     

Registration District No. 163  
Primary Registration District No. 5228

File No.                       
Registered No. 60  
St.                      Ward                     

2. FULL NAME

John D Wilkins  
(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 Male 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) Sept-17-1939  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
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) Mo

MOTHER 13. NAME Roy Wilkins

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

15. MAIDEN NAME Hilda McMahon

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

17. INFORMANT Roy Wilkins  
(ADDRESS) Edwards Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Sandridge Cem DATE 10/30 1939

19. UNDERTAKER Quinn Siders  
(ADDRESS) Edwards Springs, Mo.

20. FILED 10/30 1933 J. Dawson  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/29 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 18 1933, to Oct 29 1933

I last saw                      alive on Oct 14 1933. Death is said

to have occurred on the date stated above, at 3 P. m.

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

emaciation due to lack of proper food Date of onset                     

Other contributory causes of importance:                     

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Name of operation                      Date of                     

What test confirmed diagnosis?                      Was there an autopsy? no

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? NO

If so, specify                     

(Signed) J. Dawson, M. D.

(Address) Edwards Springs

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD  
NOV 10 1933

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.

