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

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.

JAN 26 1934

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

Do not use this space.

40032

1. PLACE OF DEATH
County Jackson — Registration District No. 888 — File No. 40032
Township Kan — Primary Registration District No. 3000 — Registered No. 4853
City K. C. Mo. (No. City Hospital #2 St. 3 Ward)

2. FULL NAME Clarence Wilks (Baby)
(a) Residence, No. 2505 No Tremont 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: Col
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) Jan 12 - 1932
7. AGE: Years 1 — Months 10 — Days 28 — If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME Clarence wilks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Gladis Alford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

17. INFORMANT (ADDRESS) Mrs wilhelmina wilson 2072 No 6 St K.C. Kansas
18. BURIAL, CREMATION, OR REMOVAL
PLACE Quindaro DATE Dec 12 1933
19. UNDERTAKER (ADDRESS) K.C. Emb & Casket Co 440 State ave K.C. Kansas
20. FILED 12/11 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-10-33, 19

22. I HEREBY CERTIFY: That I attended deceased from Deputy Coroner, 19
I last saw h... alive on 7.40 P.M. 19 Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Poisoning by Lye	
Burn.	
Edema the lungs.	

Other contributory causes of importance:
179 F
111 B
no
179

Name of operation Autopsy Date of
What test confirmed diagnosis Was there an autopsy Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Date of injury 12/10/33
Where did injury occur? 1317 Tyler Ellis (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Drank Lye
Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature] M.D.
(Address) [signature]