

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

Do not use this space.

MAR 24 1934

4153

1. PLACE OF DEATH

County Callaway Registration District No. 104 File No. 4153
 Township Bourbon Primary Registration District No. 5156 Registered No. 33
 City Millerburg (No. St. Ward)

2. FULL NAME

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 9 25

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

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) Missouri

13. NAME George Wilkerson

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

15. MAIDEN NAME Arnie Robinson

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

17. INFORMANT (ADDRESS) Mrs. J. C. Freeman, Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bayville, Mo. DATE Feb 28, 1934

19. UNDERTAKER (ADDRESS) Geo. J. Wallace, Fulton, Mo.

20. FILED Feb 28, 1934 R. N. Crews

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/26/1934 to 2/26/1934

I last saw her alive on 2/26/1934 Death is said to have occurred on the date stated above, at 3:30 A.M.

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

Hemorrhage of intestine Date of onset 1/26

Other contributory causes of importance:
a fall on shoulder + arm 4 weeks ago
accident

Name of operation X Date of X

What test confirmed diagnosis? X Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury 1/24/1934

Where did injury occur? at her home (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. H. Christian, M. D.

(Address) Fulton 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.

