

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County Shelby Registration District No. 830
Township Wolf River Primary Registration District No. 4503
City Shelbina (No. _____) St. _____ Ward _____

File No. 7450
Registered No. 7

2. FULL NAME

Julia Wilkins
(a) Residence, No. Shelbina Missouri 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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. L. Wilkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
82 1 20

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) Kentucky

13. NAME Thomas Wiggins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

15. MAIDEN NAME Margaret Leach

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

17. INFORMANT C. L. Wilkins (ADDRESS) Shelbina, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shelbina Cem. DATE Feb. 6 1934

19. UNDERTAKER E. Hayes (ADDRESS) Shelbina, Mo.

20. FILED Feb. 26 1934 Mrs. R. H. Wailes Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 1934

22. I HEREBY CERTIFY, That I attended deceased from November 21 to Feb 4, 1934

I last saw her alive on Feb. 3, 1934. Death is said

to have occurred on the date stated above, at 2:00 P.M.

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

arterio-sclerosis Date of onset _____

Other contributory causes of importance: 97

Name of operation none Date of _____

What test confirmed diagnosis? clinical. 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. J. Purvish, M. D.

(Address) Shelbina, 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.

WRITE PLAINLY, WITH OMPACTING INFORMATION TO A MINIMUM

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