

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.

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

Do not use this space.

SEP 21 1934

1. PLACE OF DEATH

County **JACKSON**

Registration District No. **398**

File No. **29144**

Township

Primary Registration District No. **3019**

Registered No. **274**

City **INDEPENDENCE**

(No. **626 N. UNION**)

St. _____ Ward _____

2. FULL NAME **MRS. MARGARET L. WILKE.**

(a) Residence, No. **626 N. UNION**

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. da.

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 OR
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **OCT. 19, 1863**

7. AGE **YEARS** **MONTHS** **DAYS** **If LESS than 1 day, hrs. or min.**
7 **9** **26**

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. **NONE**

10. Date deceased last worked at this occupation (month and year) **NONE** **11. Total time (years) spent in this occupation.** **NONE**

12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) **Brigham City (Box Elder Cty) Utah**

FATHER

13. NAME **David J. Powell**

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) **No Record Wales**

MOTHER

15. MAIDEN NAME **Ann Evans**

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) **No Record Wales**

17. INFORMANT **Dr. D. C. Wilks**
(ADDRESS) **Pittsburg, Kansas.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **ST. JOSEPH MO.** **DATE** **AUG. 18, 1934**

19. UNDERTAKER **STAHL'S FUNERAL HOME**
(ADDRESS) **815 W. MAPLE AVE. INDEP. MO.**

20. FILED **Aug 17, 1934** **J. L. Cook**
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **AUG. 15, 1934** **1934**

I HEREBY CERTIFY That I attended deceased from **July 27, 1934** to **Aug 15, 1934**.
I last saw him alive on **Aug 15, 1934**. Death is said to have occurred on the date stated above, at **7:30 PM**.

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

Cancer of the bladder Date of onset **53B**
71B

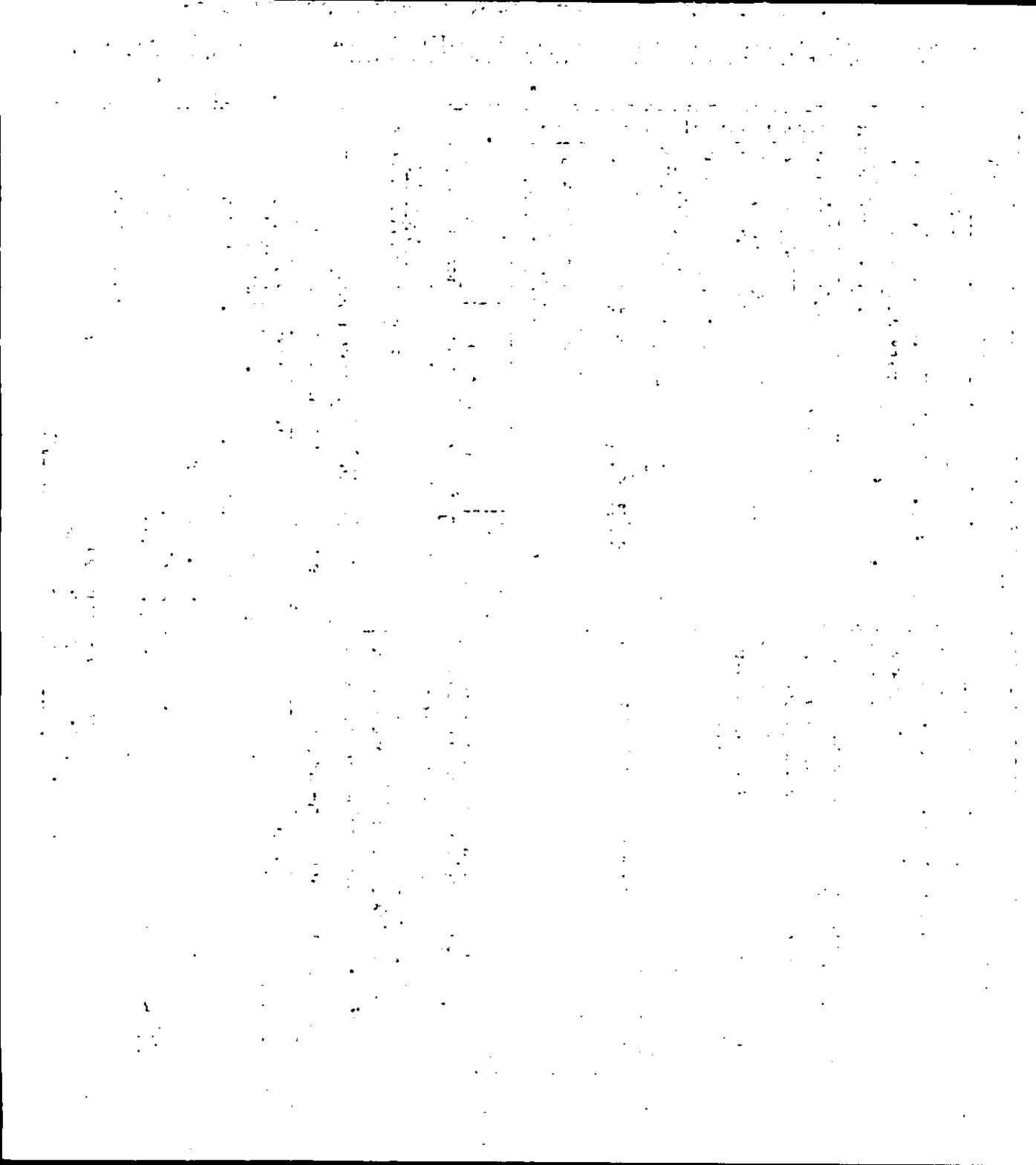
Other contributory causes of importance: **Arteriosclerosis (secondary)**

Name of operation **none** 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) **J. L. Cook** M. D.
(Address) **Independence Mo.**



#2 Jackson

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.
274

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Mrs. Margaret L. Wilke
Who died at _____ on Aug - 15 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 71 Months 9 Days 26

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) Cancer of the Bladder (Urethra)
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: 53

Other contributory causes of importance Emenica (secondary)
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician John R. Green
Address of physician Independence Mo

(Signature of Registrar H. L. Cook M.D.) Date filed 10/6/34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. N. 398
Primary Reg. Dist. No. 3019

Very truly yours,
E. T. McGaugh
Special Agent. State Registrar

S-29144

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