

SEP 19 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

31794

1. PLACE OF DEATH

County Worth
 Township Estherville
 City Franklin City (No. St. Ward)

Registration District No.
 Primary Registration District No. 1712

File No.
 Registered No.
 St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mae Wilkinson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 11, 1886</u>		
7. AGE	YEARS <u>48</u>	MONTHS <u>3</u>
	DAYS <u>18</u>	IF LESS than 1 day, ... hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Killing Station</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Killing Station</u>	
	10. Date deceased last worked at this occupation (month and year) <u>July 27, 1934</u>	
	11. Total time (years) spent in this occupation <u>2</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>		
FATHER	13. NAME <u>Perry Wilkinson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Matilda Jerald</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT <u>Mae Wilkinson</u> (ADDRESS) <u>Franklin City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Franklin City</u> DATE <u>19</u>		
19. UNDERTAKER <u>Frank C. Dumble</u> (ADDRESS) <u>Franklin City, Mo.</u>		
20. FILED <u>Sep 18, 1934</u> <u>Fred Mull</u> Registrar		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 29 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-14 1934 to 8-29 1934
 I last saw him alive on Aug. 23 1934. Death is said to have occurred on the date stated above, at 5:40 p.m.
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Pericarditis
59
Diabetes Mellitus

Other contributory causes of importance: ?

Date of onset 2-1-34
D.K.
about 10-1-34

Name of operation none Date of

What test confirmed diagnosis? clin. 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) Frank H. Rose, M. D.
 (Address) Albany, 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.

