

JUL 2 2 1935

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

Do not use this space.

19701

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Kan Primary Registration District No. 1002  
City Keosauqua (No. 1311 Campbell, St.) Registered No. 2339 St. 3 Ward 4

2. FULL NAME

Harvey D. Wilkie  
(a) Residence, No. 1311 Campbell St., 3 Ward. (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 <u>Male</u>	4. COLOR OR RACE <u>White</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>Johanna Wilkie</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 18 1887</u>		
7. AGE	YEARS <u>47</u>	MONTHS <u>10</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>transfer man</u>	
	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) <u>Penn</u>		
FATHER	13. NAME <u>John Wilkie</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u>	
MOTHER	15. MAIDEN NAME <u>Welch</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no record</u>	
17. INFORMANT (ADDRESS) <u>Johanna Wilkie, 1311 Campbell St.</u>		
18. BURIAL, CREMATION, OR REMOVAL. PLACE <u>Forest Hill</u> DATE <u>June - 8 - 35</u>		
19. UNDERTAKER (ADDRESS) <u>Mrs. C. H. Forste, 918 Broadway, Keosauqua</u>		
20. FILED <u>6</u> <u>7</u> - 19 <u>35</u> <u>M. M. Brown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 - 35

22. I HEREBY CERTIFY that I attended deceased from June 6, 1935 to June 6, 1935.  
I last saw him alive on June 6, 1935. Death is said to have occurred on the date stated above, at 6:45 a.m.  
The principal cause of death and related causes of importance were as follows:  
Coronary Embolus  
Other contributory causes of importance: None

Name of operation None Date of           
What test confirmed diagnosis? Symptoms 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) F. Chumley, M. D.  
(Address) 311 1/2 E. 1st St.

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.

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