

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.

W. Gronoway
 OCT 25 1935

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

Do not use this space.

30063

1. PLACE OF DEATH
 County Macon Registration District No. 533
 Township Macon Primary Registration District No. 3027
 City Macon (No. _____) St. _____ Ward _____

2. FULL NAME Ida Wilks
 (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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Minor Wilks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5" 1874

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>61</u>	<u>2</u>	<u>25</u>	

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

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) Macon Co. Mo.

MOTHER FATHER

13. NAME Thomas Braumer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

15. MAIDEN NAME Anna Braumer

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

17. INFORMANT Minor Wilks (ADDRESS) Macon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakwood Cem DATE 10. 2nd 1935

19. UNDERTAKER Stephens & Gooding (ADDRESS) Macon, Mo.

20. FILED 10/12 1935 Leota Hewitt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-30" 1935

I HEREBY CERTIFY That I attended deceased from August 17, 1935 to September 30, 1935
 I last saw him alive on September 30, 1935 Death is said to have occurred on the date stated above, at 8:21 m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary embolus resulting from a fall
 Date of onset 9-30 1935

Other contributory causes of importance:
fractured femur (at 9-17 Automobile accident) on Aug 17, 1935
 Date 9-17 1935

Name of operation _____ 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? Accident Date of injury 8-17, 1935
 Where did injury occur? Highway #36 near Macon Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. On Highway #36
 Manner of injury Car turned over
 Nature of injury Fracture of femur

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify _____
 (Signed) W. Gronoway M. D.
 (Address) Macon, Mo.

