

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

Do not use this space.

36513

DEC 19 1935

1. PLACE OF DEATH

County Johnson
Township Simpson
City (No.)

Registration District No. 431
Primary Registration District No. 5595

File No.
Registered No. 132
St. Ward

2. FULL NAME

Rosa Wilkins

(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr - 15 1878
7. AGE YEARS 57 MONTHS 7 DAYS 4 IF LESS than 1 day, hrs. or min.

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) Lafayette Co. Missouri
(STATE OR COUNTRY)

13. NAME Nerman Tebbenkamp
14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

15. MAIDEN NAME Christine Brackman
16. BIRTHPLACE (CITY OR TOWN) Lafayette Co. Missouri
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) John P. Wilkins
Harrisonburg Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE First Baptist Cemetery DATE Nov - 22 1935

19. UNDERTAKER (ADDRESS) N. F. Deussen
Concordia Mo.

20. FILED Nov 22 1935 Eva Gentry
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov - 20 - 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-13 1935 to 11-20 1935
I last saw her alive on 11-19 1935 Death is said to have occurred on the date stated above, at 10⁰⁰ a. m.

The principal cause of death and related causes of importance were as follows:
Pneumonia Lobar Date of onset

Other contributory causes of importance

Name of operation no Date of
What test confirmed diagnosis? 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) E. J. Johnston, M. D.
(Address) Concordia

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.

