

FEB 11 1936

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

Do not use this space.

3187
412

1. PLACE OF DEATH

City Saint Louis (No. 4211 Papin Street)
 Registration District No. 791
 Primary Registration District No. 10083
 St. _____ Ward _____

2. FULL NAME Ulysess Wilkinson

(a) Residence, No. 4211 Papin Street, St. 18 Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE Negro	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. MARRIED WIDOWED, OR DIVORCED HUSBAND OF (or) <u>WIFE OF</u> Rosie Wilkinson		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unavailable, 1890</u>		
7. AGE <u>abt. 46</u>	YEARS	MONTHS
		DAYS
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P.W.A.
	10. Date deceased last worked at this occupation (month and year) <u>1936</u>
	11. Total time (years) spent in this occupation <u>Unk</u>

12. BIRTHPLACE (CITY OR TOWN) <u>Saint Louis</u> (STATE OR COUNTRY) <u>Missouri</u>
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FATHER	13. NAME <u>Ulysess Wilkinson,</u>
	14. BIRTHPLACE (CITY OR TOWN) <u>Saint Louis</u> (STATE OR COUNTRY) <u>Missouri</u>

MOTHER	15. MAIDEN NAME <u>Missouri Fletcher</u>
	16. BIRTHPLACE (CITY OR TOWN) <u>Jonesburg</u> (STATE OR COUNTRY) <u>Missouri</u>

17. INFORMANT <u>Birdie Brown</u> (ADDRESS) <u>4147 Papin Street</u>

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenwood Cem.</u> DATE <u>Jan. 13th, 1936</u>
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19. UNDERTAKER <u>Charles J. Gates</u> (ADDRESS) <u>4107 Finney Avenue</u>

20. FILED <u>JAN 12 1936</u> <u>J. Bredeck</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 9th, 193622. I HEREBY CERTIFY, That I attended deceased from January 1st, 1936 to January 9th, 1936I last saw him alive on January, 1936 Death is said to have occurred on the date stated above, at 9:45 A.M.

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

Lobar PneumoniaDate of onset
12/28
1935

Other contributory causes of importance:

Name of operation None Date of _____What test confirmed diagnosis? clinical Was there an autopsy? No23. 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 whether injury occurred in industry, in home, or in public place.)
(S. specify city or town, county, and State)

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. C. Young, M. D.(Address) 2316a Market Street,

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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