

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.

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

Do not use this space.

JUN 17 1936

1. PLACE OF DEATH

County Callaway
Township Calwood
City..... (No..... St..... Ward)

Registration District No. 108
Primary Registration District No. 5157

File No. 18762
Registered No.

2. FULL NAME Betti Frances Wilkes

(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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Wilkes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27-1863.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
73 3 4.

OCCUPATION 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) (STATE OR COUNTRY) Bedford Co., Vir.

FATHER 13. NAME Thomas Whitworth

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

MOTHER 15. MAIDEN NAME Elizabeth Nichols

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

17. INFORMANT (ADDRESS) John Wilkes
McCree, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Williamsburg DATE 6/2 1936

19. UNDERTAKER (ADDRESS) Hughes Maupin
Williamsburg, Mo.

20. FILED June 1, 1936 Mrs. O. D. Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 1936

22. I HEREBY CERTIFY, That I attended deceased from May 26 1936 to May 31 1936
I last saw her alive on May 31 1936 Death is said to have occurred on the date stated above, at m.

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

arterio-sclerosis

Other contributory causes of importance:

Gastro-enterocolitis

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? 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?
If so, specify
(Signed) W. G. Young M. D.
(Address) Williamsburg

