JUL 21 1936

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

Do not use this space.

1. PLACE OF DEATH
County Howard — Registration District No. 380 — File No. 22689
Township Franklin — Primary Registration District No. 5590 — Registered No. 18
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Lerman Willcoxin

(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 - 1868

7. AGE: YEARS 67 — MONTHS 11 — DAYS 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
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) 1930
11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard, Co., Mo.

FATHER
13. NAME Rough Willcoxon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER
15. MAIDEN NAME Malisie Swarengen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co., Mo.

17. INFORMANT (ADDRESS) Mrs Chas Jones New Franklin, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Boonsboro, Mo. DATE 6/21/36, 19

19. UNDERTAKER (ADDRESS) [illegible] New Franklin

20. FILED 6-25-1936 J B Fleet Mo Cor Cty Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-21, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-5, 1936, to 6-21, 1936
I last saw him alive on 6-21, 1936. Death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio - Vascular - Renal Disease	1935
Other contributory causes of importance:	
Chronic Nephritis	1935
Chr. Hypertension	"
Chr. Myocarditis	"

Name of operation none Date of .....
What test confirmed diagnosis? — Was there an autopsy? .....

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) W C Bloom, M. D.
(Address) Fayette Mo