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

NOV 20 1936

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Do not use this space.

36836

File No.

Registered No. 1365

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St Joseph Mo (No.) State Hospital #2. St. Ward)

2. FULL NAME William Wikoff

(a) Residence, No. Kansas City Mo St. Ward. Kansas City, Missouri (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 5 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male M

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Effie Wikoff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Febuary 1, 1861.

7. AGE: Years 75 | Months 8 | Days 28 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Restaurant Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Restaurant

10. Date deceased last worked at this occupation (month and year): 1926.

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown. Iowa

FATHER

13. NAME: George Wikoff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT: Mrs. Nellie H. Johnston (ADDRESS) 113 Illinois Ave. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Ashland Cemetery PLACE St. Joseph, Mo. DATE Oct 30, 1936

19. UNDERTAKER: H. O. Sidenfaden (ADDRESS) 1802 Union Str St. Joseph, Mo.

20. FILED Oct 29, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1936 to Oct 29, 1936

I last saw him alive on Oct 28, 1936. Death is said to have occurred on the date stated above, at 3:55 A.M.

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

	Date of onset
Chronic Myocarditis with Hypertension	1935 plus

Other contributory causes of importance:

General Arteriosclerosis

Name of operation: None 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? No

If so, specify

(Signed) E. E. DeLong, M. D.

(Address) State Hosp #2

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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