

NOV 4 1936

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

Do not use this space.

791  
1003

39510  
10551

1. PLACE OF DEATH

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City St. Louis, Missouri (No. St. Louis Children's Hospital) ..... St. .... Ward)

2. FULL NAME Parker Wilkson

(a) Residence, No. .... St. NR Ward. Crystal City, Mo.  
(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) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-3-36

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .... CHILD  
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) Elvin, Mo.

FATHER 13. NAME Parker Wilkson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonne Terre, Mo.

MOTHER 15. MAIDEN NAME Kathryn Whiteside

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenville, Mo.

17. INFORMANT (ADDRESS) I. K. Blum  
St. Louis Childrens Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Crystal City, Mo DATE 10-21-36

19. UNDERSIGNER (ADDRESS) P. C. Wilkson  
Crystal City, Mo.

20. FILED OCT 21 1936 J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-20-36, 19 .....

22. I HEREBY CERTIFY, That I attended deceased from 9-9-36, 19 ....., to 10-20-36, 19 .....

I last saw him alive on 10-20-36 19 ....., Death is said to have occurred on the date stated above, at 6.20 p.m.

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

Prematurity  
Cardiac distention cause  
unknown probably  
due to Prematurity

Date of onset

Other contributory causes of importance: 159

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) P. J. Blatter, M. D.

(Address) 1500 So. Kingshighway

Permit taken By  
Father

OK By Vital Statistics