

FEB 23 1937

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

Do not use this space.

47496

1. PLACE OF DEATH

County Worth
Township Pletcher
City Frank City (No. 2)

Registration District No. 903
Primary Registration District No. 6212

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lowell Wilkins
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19, 1891
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 45 1 8

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) 1934 11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frank City, Mo.

MOTHER FATHER
13. NAME Bradford Burdick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin, Illinois
15. MAIDEN NAME Christina Burdick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Lowell Wilkins, Frank City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Frank City, Mo. 12/28/36

19. UNDERTAKER (ADDRESS) Jack C. Dunfee, Frank City, Mo.

20. FILED 2-9-37 Registrar. Frank City, Mo.

MEDICAL CERTIFICATE OF DEATH

Lucy Marie Wilkins
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1936, to Dec-27, 1936.
I last saw her alive on Dec-27, 1936. Death is said to have occurred on the date stated above, at 2:00 p. m.
The principal cause of death and related causes of importance were as follows:

amyotrophic lateral sclerosis Date of onset 1935
DuRoi Paralysis - 1935

Name of operation Date of
What test confirmed diagnosis? Physiography 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. V

Manner of injury V
Nature of injury V

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) J. Ross, M. D.
(Address) Frank City, Mo.

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.

