APR 21 1937

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

Do not use this space.

1. PLACE OF DEATH
County Lawrence — Registration District No. 475 — File No. 12455
Township Springriver — Primary Registration District No. 5639 — Registered No.
City Verona (No. , St. Ward)

2. FULL NAME William, Riley, Wilks.
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: M
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~~ Mrs W R Wilks.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15 - 1843

7. AGE: YEARS 93 — MONTHS 9 — DAYS 10 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumberman
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) Verona Lawrence Co Mo

FATHER
13. NAME John Wilks.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Strawn.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Mrs W R Wilks.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Springriver cem DATE 3-28 1937

19. UNDERTAKER Wilks Rural Home Mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1937, to March 25, 1937
I last saw him alive on March 24, 1937. Death is said to have occurred on the date stated above, at 12:30 A.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart and Respiratory failure	
Enlargement of heart	
shock from fractured hip	

Other contributory causes of importance:

186a

Name of operation Physical & lab. Date of
What test confirmed diagnosis? findings Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury Mch 23, 1937
Where did injury occur? Verona Lawrence Co Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Injury occurred in home
Manner of injury Slipped and fell
Nature of injury Fracture of left hip.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. E. Heinlen
(Address) Verona, Mo.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
SE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.