

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

Do not use this space.

JUN 12 1937

18940

1. PLACE OF DEATH

County Jackson
Township Raw
City Mercury Hospital

Registration District No. 399
Primary Registration District No. 11002

File No. _____
Registered No. 2587
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward Bates City Mo.
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 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) June 11 - 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 10 mo 27

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
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) Mo.

13. NAME Willard Wilkinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Ella Webb

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

17. INFORMANT Willard Wilkinson (ADDRESS) Bates City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Mo. DATE 5/9 - 1937

19. UNDERTAKER J. Webb (ADDRESS) Oak Grove Mo.

20. FILED May 7 1937 M. M. Brown Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 1937

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1937, to May 7, 1937

I last saw h/m... alive on May 7, 1937. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

Tuberculous Meningitis Date of onset 3-17-37

Other contributory causes of importance: None

Name of operation Spinal Section Date 4/24/37
What test confirmed diagnosis? Aut. 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) Harvey E. Cline, M. D.
(Address) 806 Prof. Kelly Hall

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.

