

AUG 19 1937

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

Do not use this space.

26617

1. PLACE OF DEATH

County Benton

Township

City Cole Camp

(No. _____)

Registration District No. 59Primary Registration District No. 4034

File No. _____

Registered No. 21

St. _____ Ward _____

2. FULL NAME Mrs Beedie Jane Wilkerson

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(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

Female

4. COLOR OR RACE

White

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

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFRobert T Wilkerson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

4-3-1857

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.8049

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

At Home

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)

Morgan Co. Mo

13. NAME

Hazel Dority

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

Iowa

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

Mrs Charley Guin
401 North Summit Sedalia, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Union Cemetery DATE 8-14-37, 19

19. UNDERTAKER (ADDRESS)

E L Eickhoff
Cole Camp Mo20. FILED 8-13, 1937Sue Selover
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-12-1937, 19

22. I HEREBY CERTIFY, That I attended deceased from

June 21st 1937, to Aug 12 1937I last saw her alive on Aug 12th 1937 Death is said to have occurred on the date stated above, at _____ m.

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

Arteriosclerosis

Date of onset

Other contributory causes of importance:

Name of operation _____ 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) Harry Bays, M. D.(Address) Cole Camp, Mo.

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.

8
1
b
2
31

