

SEP 15 1937

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

Do not use this space.

30262

1. PLACE OF DEATH

County Butler Registration District No. 92
Township Gillis Bluff Primary Registration District No. 5137
City (No.) St. Ward)

File No.
Registered No.

2. FULL NAME

Melvin Wilks

(a) Residence, No. St. Ward.

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Leo Wilks</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 1901</u>		
7. AGE	YEARS	MONTHS
<u>36</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation.
<u>Business</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
<u>Business</u>		
10. Date deceased last worked at this occupation (month and year)		
<u>None</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>		
13. NAME <u>Not known</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Does not know</u>		
15. MAIDEN NAME <u>Does not know</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Does not know</u>		
17. INFORMANT (ADDRESS) <u>E. E. Lullidge</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Home</u> DATE <u>8-10-1937</u>		
19. UNDERTAKER (ADDRESS) <u>Home</u>		
20. FILED <u>Sept 1</u> 1937 <u>Deatt Cook</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-9-1937

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1937, to Aug 9, 1937.
I last saw her alive on July 20, 1937. Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:
measles
Date of onset

Other contributory causes of importance:
Chronic Malaria

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) A. D. Dummer, M. D.
(Address) Brassey MO

WRITE PLAINLY WITH UNLOADING 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.

