

JAN 15 1931

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

Do not use this space.

1. PLACE OF DEATH

County Cass Registration District No. 137
Township Haley Primary Registration District No. 5-195
City Hale (No. 4077) St. _____ Ward _____

File No. 44995
Registered No. 16

2. FULL NAME

Lee W. Wilkison
(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 Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 19-1861
7. AGE YEARS 76 MONTHS 4 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Mo.
13. NAME Joseph James
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Mo.
15. MAIDEN NAME Mary Baller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Mo.

17. INFORMANT Mr. Ed. Woodard
(ADDRESS) Hale Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Hale Mo. DATE Dec. 26 1930

19. UNDERTAKER W. K. Kump
(ADDRESS) Hale Mo.
20. FILED 12-26 1930 W. K. Kump Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23, 1930

22. I, HEREBY CERTIFY, That I attended deceased from Nov 30 1929, to Dec 23 1930.
I last saw him alive on Dec 23 1930. Death is said to have occurred on the date stated above, at 5 P. m.

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

Other contributory causes of importance:
35
46

23. If death was due to external causes (violence), fill in also the following:
Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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? no
If so, specify _____
(Signed) W. K. Kump, M. D.
(Address) Hale Mo.

WRITE PLAINLY, WITH UNFAADING 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.

