

WRITE PLAINLY, WITH UNFADING 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.

Chapman

JAN 19 1938

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

45707
Do not use this space.

1. PLACE OF DEATH

(a) County Gasper Registration District No. 411

(b) Township Gasper Primary Registration District No. 2002

(c) City Joplin (d) Street No. 13th & Wagner Registered No. _____ St. _____

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S. or of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Edward Wilkins

(a) Residence, No. 13th & Wagner B. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE W

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 27

7. AGE YEARS 0 MONTHS 7 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as 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) Joplin Mo

13. NAME J. W. Wilkins

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

15. MAIDEN NAME Gertrude Keadler

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

17. INFORMANT (ADDRESS) J. W. Wilkins

18. BURIAL CREMATION, OR REMOVAL PLACE St. Charles Cem. DATE 1-3-38

19. FUNERAL DIRECTOR (ADDRESS) Walter J. Jones

20. FILED 1-3-38 W. J. Jones Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937, to Dec. 30, 1937. Last saw him alive on Dec. 24, 1937. Death is said to have occurred on the date stated above, at 10:20 PM. The principal cause of death and related causes of importance were as follows:

Acute encephalitis (mixed infection) caused by ruptured meningococci

Other contributory causes of importance: hydrocephalus

Name of operation none Date of _____

What test confirmed diagnosis? usual 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) W. J. Chapman M. D.

(Address) Joplin, Mo.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

herèby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Steve Parker

Licensed Embalmer No. *2648*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)