

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

Do not use this space.

1. PLACE OF DEATH

County **JACKSON** Registration District No. **398** File No. **2981**
 Township Primary Registration District No. **3019** Registered No. **2.3**
 City **INDEPENDENCE** (No. **INDEPENDENCE SANITARIUM & HOSPITAL** St. Ward)

2. FULL NAME **MRS. MINNIE WILKINS** **425**

(a) Residence, No. **1542 WILLOW** 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 FEMALE		4. COLOR OR RACE WHITE		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED WIDOW <i>(write the word)</i>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Juanious H. Wilkins					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10, 1885					
7. AGE		YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		52	3	7	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE				
	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) JOHNSTOWN (STATE OR COUNTRY) MO.					
MOTHER	13. NAME WILLIAM A. DUVAL				
	14. BIRTHPLACE (CITY OR TOWN) GUNN CITY (STATE OR COUNTRY) MO.				
	15. MAIDEN NAME MARY E. WIGGINS				
	16. BIRTHPLACE (CITY OR TOWN) JOHNSTOWN (STATE OR COUNTRY) MO.				
17. INFORMANT MRS. LEONA CLOSSON (ADDRESS) 426 E. FAIR AVE. INDEP. MO.					
18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE JAN. 20, 1938					
19. UNDERTAKER STAHL FUNERAL HOME (ADDRESS) 815 W. MAPLE AVE. INDEP. MO.					
20. FILED 1-20-38 J. L. Cook Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **JAN. 17, 1938** . 19

22. I HEREBY CERTIFY, That I attended deceased from **1938**, 19

I last saw him **alive on**, 19..... Death is said to have occurred on the date stated above, at **9:00AM**.

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

Date of onset

**Crushed Chest & rupture of lower lobe
 Concussion & technical
 hemorrhage in brain
 Fr. of leg & sh an**

Other contributory causes of importance:

Name of operation **none** Date of

What test confirmed diagnosis? **Autopsy** Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **Acc. Fall** Date of injury **1-16-38**
 Where did injury occur? **Van Horn Rd near Blue Ridge**
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
854 + Van Horn Rd

Manner of injury **Autopsy the injury in Foreign**

Nature of injury **Crushed Chest - Concussion**

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify

(Signed) **J. L. Cook**, M. D.
 (Address) **360**

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.

RECEIVED

FEB 25 1938

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