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

Do not use this space.

3792

File No.

Registered No. 2

Registration District No. 696

Primary Registration District No. 4418

83 4 0

1. PLACE OF DEATH
County Platte
Township ~~Carroll~~
City Platte (No. ..... St. ..... Ward)

2. FULL NAME Bettie Jackson Wilkinson 425

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Edward Wilkinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept, 30, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	3	18	

OCCUPATION

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

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) Moorefield
(STATE OR COUNTRY) West Virginia

FATHER

13. NAME David S. Fisher

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

MOTHER

15. MAIDEN NAME Lucretia Hider Fisher

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

17. INFORMANT Miss Beuna Fisher
(ADDRESS) Platte City Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Platte City DATE Jan. 19. 1938

19. UNDERTAKER L. F. Rolling
(ADDRESS) Platte City, Mo.

20. FILED 1-20, 1938 Mrs Francis E Murray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan, 18, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1937, to Jan. 18, 1938, 19

I last saw her alive on Jan. 18, 38. Death is said to have occurred on the date stated above, at 8: AM.

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

	Date of onset
Mitral incompetency and Bronchial Asthma	

Other contributory causes of importance:
Chronic Bronchitis

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) S Bruce Rolman M. D.
(Address) Platte City, Mo.

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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 28 1938
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