

JUL 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County Lafayette
Township Lexington
City..... (No....., St..... Ward)

Registration District No. 461
Primary Registration District No. 5625

File No. 22255
Registered No. 43

2. FULL NAME

John William Wilcher

426

(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 OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 4 5

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

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) Van Buren Ark.

13. NAME Henry Wilcher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

15. MAIDEN NAME Dosha Register

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Mo.

17. INFORMANT Henry Wilcher
(ADDRESS) Lexington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dover, Mo. DATE June 13, 1938

19. UNDERTAKER Winkler
(ADDRESS) Lexington, Mo.

20. FILED June 13, 1938 F. B. Bates
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 1937, to June 13, 1938, 1938
I last saw him alive on Jan 1938, 1938 Death is said to have occurred on the date stated above, at 8:15 A.M.

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

Carcinoma of Face
(Cancer started above
at ear) (Basal cell epithelioma)

Other contributory causes of importance: 50'

Name of operation..... Date of.....

What best confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) B. B. B. B., M. D.

(Address) Lexington Mo

414

