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.

REC'D SEP 27 1938

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

Do not use this space.

29678

File No.

Registered No. 10

1. PLACE OF DEATH

County: Perry

Township: Brazeau

City: (No. , St. Ward)

Registration District No. 657

Primary Registration District No. 5874

2. FULL NAME: Ferdinand J. Wilke

(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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 10, 1878

7. AGE: Years 59 Months 7 Days 21 If LESS than 1 day, hrs. or min.

OCCUPATION

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): July 5 1938

11. Total time (years) spent in this occupation: 38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Biehle Mo

FATHER

13. NAME: Fredrick Wilke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Louisa Dasme

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Herbert Wilke Jackson Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Concordia Cemetery DATE: Aug 4, 1938

19. UNDERTAKER (ADDRESS): Cracroft Miller Jackson Mo.

20. FILED 8-3-1938 Adolph E. Schmidt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 1st 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5th, 1933, to August 1st, 1938

I last saw him alive on August 1st, 1938. Death is said to have occurred on the date stated above, at 8:50 P.m.

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

	Date of onset
Uremia	2 weeks
Chronic Nephritis	4 yrs
Chronic Cystitis	4 yrs
Chronic Prostatitis	8 yrs

Other contributory causes of importance: 21

Name of operation: None Date of

What test confirmed diagnosis? Urinalysis 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) Theodore Fischer, M. D.

(Address) Altenburg, Mo.