

DEC'D JAN 23 1939

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

Do not use this space.

1. PLACE OF DEATH

County WAYNE
Township ST. FRANCES
City GREENVILLE MO.

Registration District No. 890
Primary Registration District No. 4034

File No. 1211
Registered No. _____
St. _____ Ward)

2. FULL NAME

(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 78 yrs. 2 mos. 3 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) Alice Wilkinson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 13 18607. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 78 2 38. 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. Retired

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) Greenville
Missouri13. NAME Rufus Wilkinson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina15. MAIDEN NAME Marquette Hicks16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina17. INFORMANT L. A. T. WILKINSON
(ADDRESS) GREENVILLE MO.18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Valley 5-8-193919. UNDERTAKER Coy General Service
(ADDRESS) Greenville MO.20. FILED 117 1939 W. S. H. H. H.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 193922. I HEREBY CERTIFY, That I attended deceased from Jan 1 1939, to Jan 6 1939
last saw him alive on Jan 3 1939. Death is said to have occurred on the date stated above, at 8:55 a.m.

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

Mitral Insufficiency Date of onset 1879

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) O. A. Myers M. D.(Address) Greenville, MO.

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.

