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

Do not use this space.

21087

1. PLACE OF DEATH

County _Franklin_   Registration District No. _297_   File No.

Township _Washington_   Primary Registration District No. _3016_   Registered No. _84_

City _Washington_ (No. _____ St. _____ Ward)

2. FULL NAME _Howard Wilkins_

(a) Residence, No. _2nd & Lafayette_ St., _____ Ward.
(Usual place of abode)   (If nonresident, give city or town and State)

Length of residence in city or town where death occurred _75_ 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) _Widowed_

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (or WIFE of) _Mattie Wilkins_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Jan 1 - 1853_

7. AGE   YEARS _78_   MONTHS _5_   DAYS _20_   If LESS than 1 day, ... hrs. or ...... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _Retired 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 _70 yrs._

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Boles Mo._

13. NAME _Austin Wilkins_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Chilcothe Ohio_

15. MAIDEN NAME _Susan Bullocks_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Georgia_

17. INFORMANT (ADDRESS) _Geo. Wilkins Washington Mo._

18. BURIAL, CREMATION, OR REMOVAL _Mo_
PLACE _New Haven_   DATE _6/23/31_

19. UNDERTAKER (ADDRESS) _Nieberg & Witt Inc Washington Mo_

20. FILED _June 22 1931_ _O. R. Muench_
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _June 21_ . 19 _31_

22. I HEREBY CERTIFY That I attended deceased from _Mar 15_ , 19 _31_ , to _June 21_ , 19 _31_

I last saw h__ alive on _June 21_ , 19 _31_ Death is said to have occurred on the date stated above, at _11:30 a. m._

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

Chronic Interstitial Nephritis   Date of onset _3-15-31_

_77 / 131_

Other contributory causes of importance:
arterio sclerosis   _1929_

Name of operation _____   Date of _____

What test confirmed diagnosis? _clinical_   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) _E. Emmanhoff_ , M.D.

(Address) _Washington Mo._