

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

Do not use this space.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

27 1929

1. PLACE OF DEATH  
 County W. Frisco Registration District No. 773  
 Township Pendleton Primary Registration District No. 6023  
 City..... (No. ....) St. .... (Ward) .....

2. FULL NAME Thomas J. Wilfong  
 (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 2 yrs. .... mos. .... ds. How long in U.S., if of foreign birth? yrs. .... mos. .... ds.

File No. 22431  
 Registered No. 108

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (or) WIFE OF <u>married Eva Montgomery Wilfong</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 12<sup>th</sup> 1888</u>				
7. AGE	YEARS <u>41</u>	MONTHS <u>6</u>	DAYS <u>8</u>	IF LESS than 1 day, .... hrs. or .... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) .....				
9. BIRTHPLACE (CITY OR TOWN) <u>Doel Run</u> (STATE OR COUNTRY) <u>mo</u>				
PARENTS	10. NAME OF FATHER <u>Christopher C. Wilfong</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Raynolds</u> (STATE OR COUNTRY) <u>mo</u>			
	12. MAIDEN NAME OF MOTHER <u>Katie Meyer</u>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Perry co</u> (STATE OR COUNTRY) <u>mo</u>			
14. INFORMANT <u>William Walton</u> (Address) <u>First River, mo</u>				
15. FILED <u>6-21, 1929</u> <u>T. J. Robinson</u> REGISTRAR				

MEDICAL CERTIFICATE OF DEATH	
16. DATE OF DEATH (MONTH, DAY AND YEAR) <u>June 20 1929</u>	
17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., and that I last saw him ..... alive on ..... 19....., and that death occurred, on the date stated above, at ..... <u>afternoon</u> .....	
THE CAUSE OF DEATH WAS AS FOLLOWS <u>Accidental Drowning</u> <u>while fishing in river</u> <u>183</u> (duration) ..... yrs. .... mos. .... ds.	
CONTRIBUTORY (SECONDARY) <u>(over)</u> (duration) ..... yrs. .... mos. .... ds.	
18. WHERE WAS DISEASE CONTRACTED <u>Home</u> IF NOT AT PLACE OF DEATH .....	
DID AN OPERATION PRECEDE DEATH? <u>No</u> DATE OF .....	
WAS THERE AN AUTOPSY? <u>No</u>	
WHAT TEST CONFIRMED DIAGNOSIS? <u>Clinical</u> (Signed) <u>R. Appberry, M. D.</u> <u>June 20, 1929</u> (Address) <u>Farmville mo</u>	
*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Woodlawn Cemetery</u>	DATE OF BURIAL <u>6-22 1929</u>
20. UNDERTAKER <u>Raymond Caldwell</u>	ADDRESS <u>Chimo mo</u>

This man was fishing in St James  
River -  
was wearing heavy hip boots -  
slipped into water on his head.  
He was drowned.

He was unable to get out or be

rescued otherwise in time to

save him from drowning -

Subscribed as given by his friends -

This information was obtained by me

by the order of Presiding Assessor

& Sheriff London

R O P P h m y