2.3 1931

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

Do not use this space.

4591

1. PLACE OF DEATH
County Barry
Township
City Monett
Registration District No. 30
Primary Registration District No. 3003
(No. ..... St. ..... Ward)
File No.
Registered No. 6

2. FULL NAME Robert Elza Wilkinson
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	Single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF /

7. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 25 1930

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
		11	13	

OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (CITY OR TOWN) Springdale
(STATE OR COUNTRY) Arkansas

10. NAME OF FATHER Fred Wilkinson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Fort Smith
(STATE OR COUNTRY) Arkansas

12. MAIDEN NAME OF MOTHER Mary Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Crane
(STATE OR COUNTRY) Missouri

INFORMANT Fred Wilkinson
(Address) Monett Mo

FILED 2-9-1931 W. M. West
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 8 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1931, to Feb 7, 1931 that I last saw him alive on Feb 7, 1931, and that death occurred, on the date stated above, at 8 30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
11 R
(duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Broncho pneumonia
(duration) yrs. mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings
(Signed) [signature], M. D
2/9, 1931 (Address) Monett Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: I.O.O.F. Cemetery
DATE OF BURIAL 2/9 1931

20. UNDERTAKER Callaway
ADDRESS Monett Mo