

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

Do not use this space.

37619

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. _____
Primary Registration District No. _____

File No. _____
Registered No. 4483
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 516 Kuehlerbrook Place Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>	
		5A. IF MARRIED, WIDOWED, OR DIVORCED (husband or (or) wife of) <u>Shanklin Dilkerson</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 21 - 1849</u>			
OCCUPATION	7. AGE	YEARS <u>84</u>	MONTHS <u>9</u>
		DAY <u>16</u>	IF LESS than 1 day, _____ hrs. or _____ min.
	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>work</u>		
	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) <u>1931</u>	11. Total time (years) spent in this occupation <u>60</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clay Co - Mo</u>			
FATHER	13. NAME <u>Geo. Proves</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mainland</u>		
MOTHER	15. MAIDEN NAME <u>Elmina J. Crapster</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mainland</u>		
17. INFORMANT <u>Frank Dilkerson</u> (ADDRESS) <u>516 Kuehlerbrook Place</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Warrensburg Mo</u> DATE <u>11-8-1931</u>			
19. UNDERTAKER <u>John W. Wagner</u> (ADDRESS) <u>Lin - 44 Grand St</u>			
20. FILED <u>11-8-1931</u> Registrar			

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7 - 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1931, to Nov 7 - 1931
I last saw h. u. alive on Nov 7 5:15 p.m. 1931 Death is said to have occurred on the date stated above, at 5:15 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 1929
131
930
131
Other contributory causes of importance:
Chronic Nephritis
Death exacerbation (u) 1931

Name of operation _____ Date of _____
What test confirmed diagnosis? Labonly 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 Ironing Coal
(Signed) W. H. ... M. D.
(Address) 900 Red ... - KC 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.

