

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.

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

Do not use this space.

JAN 23 1935

45371

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
 Township Carondelet Primary Registration District No. 6248 B
 City Jefferson Barracks, Mo. Station Hospital. St. _____ Ward _____

File No. _____
 Registered No. 423
 St. _____ Ward _____

2. FULL NAME Mrs. Emma Wilkinson

(a) Residence, No. Jefferson barracks, Mo. St. Ward. Jeff. Bldg. Mo.
 (Usual place of abode)

Length of residence in city or town where death occurred - yrs. - mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Mr. George Wilkinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2, 1867.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 8 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spends in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonton, New Jersey

13. NAME Marcus Evarts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonton, New Jersey

15. MAIDEN NAME Hatty Stagg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonton, New Jersey

17. INFORMANT Mrs. J. R. Urquhart (ADDRESS) Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hot Springs Ark. DATE 12-19-34

19. UNDERTAKER C. Hoffmeister W. L. Co. (ADDRESS) 7814 So. Broadway

20. FILED Dec. 17, 1934 G. Mawrey (Dep) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 16, 1934.

22. I HEREBY CERTIFY, That I attended deceased from December 16, 1934, to December 16, 1934

I last saw her alive on December 16, 1934. Death is said to have occurred on the date stated above, at 10:30 A.M.

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

Cerebral hemorrhage.
Pulmonary oedema.
 Other contributory causes of importance:
Arteriosclerosis, general.
Arterial hypertension, chronic.
Articular febriculation, chronic.

Name of operation None 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? _____
 If so, specify Not related
 (Signed) William F. Patient, 1st Lt. M.C., M.D.
 (Address) Jefferson Barracks, Mo.

