

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH
 County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **ST. LOUIS** (No. **1915^a PAPIX ST.**) St. _____ Ward _____

18793

File No. _____
 Registered No. **5369**
 St. _____ Ward _____

2. FULL NAME **BETTIE JEAN WILKES**

(a) Residence, No. **1915^a PAPIX St., 22** 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 **FEM** 4. COLOR OR RACE **COL** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **INFANT**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 26 1937**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
3 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **MO**

13. NAME **ODELL WILKES**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **TENN**

15. MAIDEN NAME **EVELYN VINYARD**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **TENN.**

17. INFORMANT **ODELL WILKES** (ADDRESS) **1915^a PAPIX ST**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Vicks, Tenn** DATE **5/29** 19**37**

19. UNDERTAKER **R.M.C. GREEN** (ADDRESS) **2517 EAST ODE AVE**

20. FILED **MAY 29 1937** **J. Beck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-27** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at **7:00 P.M.**

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

Acute Gastro Enteritis
due to feeding
in diet not food poisoning

Other contributory causes of importance:

Convulsions

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 **IV**
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify _____

(Signed) **Alfred Perry** M.D.
 (Address) **Deputy Coroner**

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.

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