

REC'D APR 22 1938

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

11963

Do not use this space.

1. PLACE OF DEATH

(a) County St Francis, Registration District No. 773
(b) Township St Francis, Primary Registration District No. 6018A
(c) City Farmington, Mo (d) Street No. State Hosp. No 4 Farmington
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mrs Laura D. Wilkin, 425
(a) Residence, No. (Usual place of abode, if no street address, write county or city) St. (If nonresident, give city or town and State)

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 Frank Wilkin,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 4 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as 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) Champagne Co Ill.

FATHER 13. NAME John W. Lashley,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland.

MOTHER 15. MAIDEN NAME Sarah Collins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania.

17. INFORMANT (ADDRESS) O.D. Lashley,
Belleview, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Eidson Cem. DATE March 16, 1938

19. FUNERAL DIRECTOR (ADDRESS) S. E. Board
Ironton Mo

20. FILED McL 16, 1938 B. S. Robinson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1936, to March 13, 1938
I first saw h. w. alive on March 13, 1938. Death is said to have occurred on the date stated above, at 11:45 P.M.

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

Arteriosclerosis, generalized & marked

Date of onset

Other contributory causes of importance:

Psychosis with Cerebral Arteriosclerosis 12-16-35
Pneumonia, terminal 3/12/38

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? No
If so, specify (Signed) A. C. Ault, M. D.

(Address) Farmington, Mo
199

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.

STATEMENT BY LICENSED EMBALMER

I, Raula Cozema, Licensed Embalmer No. 1657

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

No. or by C.H. Cozema, Registered Apprentice No. E 571
working under my personal supervision.

Signed Raula Cozema
Licensed Embalmer No. 1657

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)