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.

OCT NOV 23 1938

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

36158
Do not use this space.

1. PLACE OF DEATH
(a) County Lawrence — Registration District No. 475
55 (b) Township Springriver — Primary Registration District No. 5639 — Registered No.
(c) City Verona — (d) Street No. ..... St.
(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 Richard Porter Wilks
(a) Residence, No. Verona Mo. St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan, 25 1856

7. AGE: YEARS 82 — MONTHS 8 — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Merchant
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): Verona Missouri. 0

FATHER
13. NAME: Richard S Wilks 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn, 1

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn,

17. INFORMANT (ADDRESS): Dick Wilks Verona Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Verona Mo. DATE oct, 4 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): J. F. King Aurora Mo.

20. FILED 11/1 1938 A J Rudig Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct, 3 1938

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1938, to Oct 3, 1938
I last saw him alive on Oct 3, 1938 Death is said to have occurred on the date stated above, at 2.35 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	1937

Other contributory causes of importance: 7/10

Name of operation None Date of
What test confirmed diagnosis? Clinical & Laboratory 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) Dr. Kenneth L. Kelsey D.
(Address) 16 E Locust St. Aurora, Mo.

Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 6-38-543
Date Filed NOV 7 1938

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

Herman Surridge, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora Mo.

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

If this body is not embalmed, above space should be left blank.