REC'D MAR 15 1939

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

8097
Do not use this space.

1. PLACE OF DEATH
(a) County Vernon Registration District No. 875
(b) Township Washington Primary Registration District No. 6162 Registered No. 32
(c) City Nevada (d) Street No. State Hosp. #3 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 0 yrs. 0 mos. 1/6 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Cora Wilks
(a) Residence, No. Monett 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herman Wilks
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10 1891
7. AGE YEARS 48 MONTHS 11 DAYS 27 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Seamstress
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) DK
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co Mo

FATHER
13. NAME Frank Jenkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Martha McCormick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Hosp. Records
18. BURIAL, CREMATION, OR REMOVAL
PLACE Monett, Mo. DATE Feb. 9 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Callaway Tr Co Monett Mo.
20. FILED Feb 7 1939 Allen V. Hays Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7, 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb 7th, 1939 4 hours to 2/7, 1939
I last saw her alive on Feb 7, 1939. Death is said to have occurred on the date stated above, at 7:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Manic Exhaustion	?
84	
Other contributory causes of importance: Dehydration	D.K.

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 .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) J. A. Hopkins, M. D.
795 (Address) Nevada Mo

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 7
District File Number 7-39-387
Date Filed 3-8-39

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, J. D. Buchanan, or by .....

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

Signed J. D. Buchanan

Licensed Embalmer No. 3179

P. O. Address.....

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

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