

37 AUG 14 1939

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

25612
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE
(b) Township
(c) City SPRINGFIELD

Registration District No. 318
Primary Registration District No. Springfield
Registered No. 549
(d) Street No. Baptist Hosp.
(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

LOLA DORIS WILKINSON
(a) Residence No. 2244 N. Lyon 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16 1915

7. AGE YEARS 23 MONTHS 11 DAYS 21 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Extra Helper
9. Industry or business in which work was done, as saw mill, bank, etc. In Publishing House
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) Fair Play Mo.

FATHER
13. NAME Carl D. Wilkinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER
15. MAIDEN NAME Nellie May Goodman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aldrich Mo.

17. INFORMANT (ADDRESS) Mrs. Nellie Pearson Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
Aland Cemetery, Mo. DATE July 9 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. J. G... Springfield, Mo.

20. FILED 7-8 1939 Chas. A. Boone, Mo. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 1939

22. I HEREBY CERTIFY That I attended deceased from 7-6 1939 to 7-7 1939

I last saw her alive on 7-7 1939. Death is said to have occurred on the date stated above, at 11:00 a.m.

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

Acute Gangrenous Appendicitis
Date of onset 7/5/39
121
Other contributory causes of importance: myocardial insufficiency

Name of operation appendectomy Date of 7/7/39
What test confirmed diagnosis? Was there an autopsy?

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

(Signed) R. H. White, M. D. Springfield

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

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

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

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