JUN 13 1940

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

18971
Do not use this space.

1. PLACE OF DEATH

(a) County Marion — Registration District No. 547
(b) Township Mason — Primary Registration District No. 3029 — Registered No. 145
(c) City Hannibal — (d) Street No. St Lizebth Hospital 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 426 Matilda Wilkerson

(a) Residence, No. St. La Grange, Mo.
(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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 2nd. 1885

7. AGE: YEARS 54 — MONTHS 11 — DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
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): Quincy Illinois

FATHER
13. NAME: Henry Tenvorde
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER
15. MAIDEN NAME: Annie Kobetlaske
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): T. J. Wilkerson La Grange, Mo.

18. BURIAL, CREMATION, OR REMOVAL: East of Quincy Ill.
PLACE Bloomfield, Ill. DATE May 6th. 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS): W. M. Roberts 400 La Grange, Mo. 100

20. FILED 5-4- 1940 W C Fisher
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 3, 1940

22. I HEREBY CERTIFY, That I attended deceased from Apr 13, 1940 May 3, 1940
I last saw her alive on ~~Apr 3~~, 1940 Death is said to have occurred on the date stated above, at 2:45 A.m.
The principal cause of death and related causes of importance were as follows:

Chronic nephritis — Date of onset

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Other contributory causes of importance: Myocarditis

Name of operation ..... Date of .....
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) [signature], M. D.
(Address) Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X14028

JAN 26 1954

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, ...

A.A.Roberts, or by .....,

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

Signed A.A.Roberts

Licensed Embalmer No. 1626

P. O. Address La Grange, Mo.

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.