

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.

**REC AUG 23 1940**

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

**26562**  
Do not use this space.

1. PLACE OF DEATH

(a) County Wayne Registration District No. 891

(b) Township Penton Primary Registration District No. 4070 Registered No. 21

(c) City Piedmont (d) Street No. \_\_\_\_\_ St.

(e) Length of residence in city or town where death occurred 64 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Lee Wilkinson

(a) Residence, No. Piedmont, Mo. St.  (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

**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 Nettie Wilkinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 19, 1875

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	64	9	13	

OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	<u>Engineer</u>
	9. Industry or business in which work was done, as saw mill, bank, etc.	<u>Self</u>
	10. Date deceased last worked at this occupation (month and year)	<u>1930</u>
	11. Total time (years) spent in this occupation	<u>34</u>

12. BIRTHPLACE (CITY OR TOWN) Coldwater (STATE OR COUNTRY) Mo.

FATHER	13. NAME	<u>Henry Clay Wilkinson</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Tenn.</u>

MOTHER	15. MAIDEN NAME	<u>Matilda Powers</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Mo.</u>

17. INFORMANT Nettie Wilkinson (ADDRESS) Piedmont, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Cemetery DATE Aug. 4 1940

19. FUNERAL DIRECTOR (NAME) Norman W. Gish (ADDRESS) Piedmont, Mo.

20. FILED 8-13- 1940 W. B. Gish Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 2 1940

22. I HEREBY CERTIFY, That I attended deceased from July 1938, to Aug 2 1940

I last saw him alive on July 2 1940 Death is said to have occurred on the date stated above, at 5:30 AM. The principal cause of death and related causes of importance were as follows:

Bronchial asthma  
Decompensating heart  
Early ca. in liver region

Date of onset \_\_\_\_\_

Other contributory causes of importance: fb

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) W. B. Gish M.D. M. D.  
Piedmont (Address)

**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.....  
*Norman W. Gish*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....  
*Norman W. Gish*  
Licensed Embalmer No. *3287*  
P. O. Address *Piedmont, 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.**