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

APR 26 1935

Do not use this space.

10348

1. PLACE OF DEATH
County St. Francois — Registration District No. 773
Township St. Francois — Primary Registration District No. 60184
File No. ____
Registered No. 573
Near City Farmington, Mo. (No. ____, ____ St. ____ Ward)

2. FULL NAME Mary Wilke

(a) Residence, No. ____ St., ____ Ward. ____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Henry Wilke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-3-1859

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
74	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, 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) Neelyslanding Mo.

FATHER

13. NAME Edward Cotter

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

MOTHER

15. MAIDEN NAME Letitia Neely

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau County Mo.

17. INFORMANT (ADDRESS) Hospital Records Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Neeleyslanding, Mo. DATE 3-26- 1935

19. UNDERTAKER (ADDRESS) Haman Undertaking Co. Cape Girardeau, Mo.

20. FILED 3-25- 1935 T. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 11, 1934, to March 24, 1935
I last saw h... alive on March 24, 1935. Death is said to have occurred on the date stated above, at 10:00 AM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Hemiplegia left.)	March 23 1935
Arteriosclerosis, generalized & marked	
Other contributory causes of importance:	
Psychosis with Cerebral Arterio-sclerosis.	30 yrs. ago

Name of operation None Date of ____
What test confirmed diagnosis? Clinical 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) G. Tivis ... C. Ault, M. D.
(Address) Farmington, Mo.

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 PAPER, FOR PRINTING INKLINGS IS A PERMANENT RECORD