DEC 28 1928

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

Do not use this space

D. 37419

1. PLACE OF DEATH

County Lafayette — Registration District No. 464 — File No. 12

Township — Primary Registration District No. 4277 — Registered No. 63

City Odessa (No. ..... St. ..... Ward)

2. FULL NAME Alice M. Wilkerson

(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 4. yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed.

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF~~ (OR) WIFE OF Bennett F. Wilkerson.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-27-1867.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
61	7	3	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired.

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Dover
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER William Terrell.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) think Troy
(STATE OR COUNTRY) Dont Know

12. MAIDEN NAME OF MOTHER Alice M. Terrell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) think Troy
(STATE OR COUNTRY) Dont Know.

14. INFORMANT Mattie E. Wilkerson
(Address) Odessa Mo.

15. FILED Dec 9, 1928 R. C. Schooley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 8 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1928, to Nov 8, 1928, that I last saw her alive on Oct 30 Nov 7, 1928, and that death occurred, on the date stated above, at 3 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

90 B

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Cardio-renal-Vascular disease Hypertension (duration) 10 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) [illegible], M. D

11/9, 1928 (Address) Odessa Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Odessa Mo.

DATE OF BURIAL 11-9. 1928.

20. UNDERTAKER Blimoe & Son

ADDRESS Odessa Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impo