

22-1929

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

Do not use this space.

2139

1. PLACE OF DEATH

County Holden
Township Holden
City Holden

Registration District No. 427
Primary Registration District No. 4233

File No.
Registered No. 4
St. Ward

2. FULL NAME

James A. Wilkerson

(a) Residence, No. Holden Mo St. Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Add. J. Wilkerson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 18, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 | 7 | 7

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

10. NAME OF FATHER Charles T. Wilkerson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.

12. MAIDEN NAME OF MOTHER Mary Flynn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.

14. INFORMANT Mrs. M. Kelly
(Address) Holden

15. FILED 1/27, 1929. G. W. Harris REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 23 1929

17. I HEREBY CERTIFY That I attended deceased from Jan 22 1929 to Jan 25 1929 and that I last saw him alive on Jan 24 1929, and that death occurred, on the date signed above, at Holden Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Stomach
46 B

CONTRIBUTORY (SECONDARY) 440
(duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH: DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Emery Thompson, M. D.
, 19 (Address) Holden 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 Holden Cemetery DATE OF BURIAL 1/27 1929

20. UNDERTAKER John A. Murray ADDRESS Holden 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.

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