

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

Do not use this space.

1. PLACE OF DEATH

County **Buchanan**

Registration District No. **85**

Township

Primary Registration District No. **1001**

City **St. Joseph**

(No. **Noyes Hospital**)

File No. **17375**

Registered No. **673**

St. _____ Ward)

2. FULL NAME

Thomas Wilkerson

(a) Residence No. **R.F.D. # 5, St. Joseph, Mo.**

Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **21** yrs. **11** mos. **17** ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Single

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

June 9th 1907

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

21

11

17

8. OCCUPATION OF DECEASED

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

Laborer

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

(c) Name of employer **Quaker Oats Co.**

9. BIRTHPLACE (CITY OR TOWN)

St. Joseph

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Robert M. Wilkerson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

St. Joseph

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Mary Milburn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

St. Joseph

(STATE OR COUNTRY)

Missouri

14.

INFORMANT

Robert M. Wilkerson

Address

R.F.D. #5, St. Joseph, Mo

15.

FILED

27 19**29**

John G. [Signature]

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

May May 26 19 29

17.

Viewed body

I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____,

that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at **5:40** a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

**Fractured skull and several ribs
Auto Accident on Highway No. 36
east of City Limits Near St Joseph**

210 M (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? **no** DATE OF _____

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Examination**

(Signed) **B. W. Adlacker** Coroner, M. D.
5/27th 29 (Address) **St Joseph 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

Mt. Auburn, Cemetery

DATE OF BURIAL

May 28 19 29

20. UNDERTAKER

W. Mirshoffer

ADDRESS

1307 Parson St.

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.

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

JUN 24 1929

