JAN 21 1930

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

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.

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

Do not use this space.

File No. 41053

Registered No.

1. PLACE OF DEATH

County Jasper — Registration District No. 408

Township Marion — Primary Registration District No. 3020

City Carthage (No. ..... St. ..... Ward)

2. FULL NAME Eural Goodyer Wilker

(a) Residence. No. 822 Clinton St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fairy Wilker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 7, 1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	40	11	15	

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

9. BIRTHPLACE (CITY OR TOWN) Carthage
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER W. H. Wilker

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

12. MAIDEN NAME OF MOTHER Clara L. Foster

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

14. INFORMANT Mrs. Fairy Wilker
(Address) 822 Clinton - Carthage, Mo

15. FILED 12/23, 1929 E. H. Ketchum REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 22 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1929, to Dec 22, 1929 that I last saw him alive on Dec 22, 1929 and that death occurred, on the date stated above, at 11:50 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia

131

132 B

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Chronic Parenchymatous nephritis (duration) 1 yrs. + mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Lab.

(Signed) S. X. Cordonnier, M. D.

12/23, 1929 (Address) Carthage, 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	DATE OF BURIAL
Park Cemetery	Dec. 24 1929
20. UNDERTAKER	**ADDRESS**
[illegible] Mortuary	Carthage, Mo