

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

Do not use this space.

41945

1. PLACE OF DEATH
 County St. Louis Registration District No. 788
 Township St. Louis Primary Registration District No. 4471
 City St. Louis (No. _____) St. _____ Ward _____

2. FULL NAME Grace Marie Wilkerson
 (a) Residence, No. 827 N. Elm St. 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.

File No. _____
 Registered No. 119
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Give the word) Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 28-29

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>1</u>	<u>2</u>	<u>8</u>	<u>8</u>	

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Mr. W. Wilkerson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Elizabeth Langston

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo.

14. INFORMANT Elizabeth Wilkerson
 (Address) 827 N. Elm Ave

15. FILED 12-9-29 Arthur H. Shattuck REGISTRAR
per Elie Nelson

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/8/29 1929

17. I HEREBY CERTIFY, That I attended deceased from 8 1/2 hr. 1929 to 8 1/2 hr. 1929
 that I last saw her alive on 8 1/2 hr. 1929, and that death occurred, on the date stated above, at 6:30 a.m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Spasms
SO (duration) _____ yrs. _____ mos. 30 ds.

CONTRIBUTORY (SECONDARY) not known
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH. St. Louis, Mo.

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

20. WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic
 (Signed) B. B. Drury M. D.
 , 19 _____ (Address) 204 S. Brady Ave

*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 <u>Father Dickson</u>	DATE OF BURIAL <u>12-9-29</u>
20. UNDERTAKER <u>J. C. Lewis</u>	ADDRESS <u>Shebster Green</u>

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.

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