

SEP 26 1930

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

Do not use this space.

27627

1. PLACE OF DEATH

County Ralls Co Mo  
Township Gasper  
City Gasper (No. ....)

Registration District No. 912  
Primary Registration District No. 5960 B

File No. ....  
Registered No. 33  
St. .... Ward)

2. FULL NAME

(a) Residence. No. .... St. .... Ward. ....  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1 MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

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

Male White Married

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

Melissa Wilkerson

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

8-13-1899

7. AGE

YEARS

MONTHS

DAYS

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

81

-

14

8. OCCUPATION OF DECEASED

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

Retired Farmer

(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)

England

10. NAME OF FATHER

Joseph Wilkerson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

England

12. MAIDEN NAME OF MOTHER

Ancliffe

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

England

14. INFORMANT

(Address)

Geo. Barlow  
Vandalia Mo

15. FILED

8-23-1930

Waller Fuqua  
REGISTRAR

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

Aug. 17, 1930

17.

I HEREBY CERTIFY That I attended deceased from was called but he died before I reached his residence and that death occurred, on the date stated above, at 12:22 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Sudden pain in region of heart which continued until death. I was told by those present.  
162 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Old age

(duration) 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?

(Signed)

R. E. Butler

M. D.

8-19-1930 (Address)

Berry 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 INTERMENT

DATE OF BURIAL

Vandalia Mo

8-19-1930

20. UNDERTAKER

ADDRESS

S. R. Clark Vandalia Mo

