

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.

APR 27 1931

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

Do not use this space.

13015

1. PLACE OF DEATH

County Worth
Township South
City Alleendale

Registration District No. 903
Primary Registration District No. 0211

File No. _____
Registered No. 11
St. _____ Ward _____

2. FULL NAME

Mary Jane Wilkerson
(a) Residence. No. _____ St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 23 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

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Edmond Wilkerson

7. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 22, 1854

8. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 6 9

9. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

10. BIRTHPLACE (CITY OR TOWN) South Mo
(STATE OR COUNTRY) Ohio

11. NAME OF FATHER Grant Gerald

12. BIRTHPLACE OF FATHER (CITY OR TOWN) South Mo
(STATE OR COUNTRY) Ohio

13. MAIDEN NAME OF MOTHER Mary Williams

14. BIRTHPLACE OF MOTHER (CITY OR TOWN) South Mo
(STATE OR COUNTRY) Ohio

15. INFORMANT Mrs. Cox
(Address) Alleendale, Mo.

FILED 4-10-31 John Andrews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March - 31 1931

17. I HEREBY CERTIFY, That I attended deceased from 3-25 to 3-31, 1931, that I last saw him alive on 2-31, 1931, and that death occurred, on the date stated above, at 10:30 P.M.

THE CAUSE OF DEATH** WAS AS FOLLOWS:

Cerebral Haemorrhage
82 W
97

CONTRIBUTORY (SECONDARY) Arterio Sclerosis

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

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

20. WAS THERE AN AUTOPSY? no

21. WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings
(Signed) J. R. Rice, M. D.
(Address) Grant City, 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.

22. PLACE OF BURIAL, CREMATION, OR REMOVAL Alleendale Cemetery DATE OF BURIAL 4/2/31

23. UNDERTAKER Arch C. Duffler ADDRESS Grant City

