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

Do not use this space.

27352

1. PLACE OF DEATH
County: Washington — Registration District No.: 887 — File No.:
Township: Bruton — Primary Registration District No.: 6179 — Registered No.: 38
City: (No.: , St.: Ward:)

2. FULL NAME: Edward Ray Wilkerson

(a) Residence. No.: 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.

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

AUG 29 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 25, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(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): Potosi Mo.

PARENTS
10. NAME OF FATHER: Clifford Wilkerson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Palmer Mo.
12. MAIDEN NAME OF MOTHER: Barbra Polette
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Potosi Mo

14. INFORMANT: Chas. Wilkerson
(Address): Potosi Mo.

15. FILED 7-6, 1931 — Jos. L. Thurman, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 4 1931

17. I HEREBY CERTIFY, That I attended deceased from July 4, 1931, to July 5, 1931 that I last saw him alive on July 4, 1931, and that death occurred, on the date stated above, at 9:12 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intestinal Obstruction
12.13
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY): —
(duration) 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? —
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed): L. T. Cresswell, M. D.
July 6, 1931 (Address): Potosi 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: Potosi Mo. — DATE OF BURIAL: 7-6 1931
20. UNDERTAKER: Sparks & Sparks — ADDRESS: Potosi