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.

FEB 23 1932

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

Do not use this space.

214

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. — Registered No. 53

City St. Joseph, (No. St. Joseph's Hospital St. Ward)

2. FULL NAME John W. Wilkerson,

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

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 19, 1843

7. AGE: YEARS 88 — MONTHS 5 — DAYS 25 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Supt. County School 13

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Ringo, Co. Iowa 13

10. Date deceased last worked at this occupation (month and year): January 1932.

11. Total time (years) spent in this occupation: 11 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Warren County, Iowa, 2

FATHER

13. NAME: John Wilkerson,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown, 31

MOTHER

15. MAIDEN NAME: Ann Connor,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Ohio, 2

17. INFORMANT (ADDRESS): Mrs. E. V. D. Wight, Middletown, N.J.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Ayr, Iowa, DATE Jan. 17, 1932

19. UNDERTAKER (ADDRESS): Heaton & Gale & Bowman, 519 S. 10th St. Funeral Home

20. FILED 14 1932, 19 — John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1932, to Jan. 14, 1932

I last saw him alive on Jan. 14, 1932 Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Coma	1-10-32
Hypertrophy of Prostate with Complete Retention of urine	12-28-31
2 attacks pneumonia 1st	12-20-31
2nd	1-5-32

Other contributory causes of importance:

General Arteriosclerosis	several years
Chronic Myocarditis	
Chronic Nephritis	

Name of operation Suprapubic Cystotomy Date of 1-1-32

What test confirmed diagnosis? Operation & clinical symptoms Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury (1)

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Cayl Potter, M. D.

(Address) St. Joseph, Missouri