

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

Do not use this space.

4655

1. PLACE OF DEATH

County... Jackson Registration District No. 399
 Township... Kaw Primary Registration District No. 1007
 City... Kansas City (No. 650 Olive Street) St. Ward)

File No.
 Registered No. 510

2. FULL NAME Sam'l. H. Wilkinson

(a) Residence, No. 650 Olive Street St. 9 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 45 yrs. mos. 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 Mrs. Margaret T. Wilkinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13th, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 9 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman 3'
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Candy Manf.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

FATHER 13. NAME W. W. Wilkinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

MOTHER 15. MAIDEN NAME Hatchkiss

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

17. INFORMANT Jno. H. Wilkinson
 (ADDRESS) 2607 East 29th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cem. DATE 2/10/32, 19..

19. UNDERTAKER W. F. Mayberry
 (ADDRESS) City

20. FILED 78 19 32 M. M. Crowe
Regist.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 8th., 19 32

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1932, to Feb 8, 1932

I last saw him/her alive on Feb 8, 1932. Death is said to have occurred on the date stated above, at 8.10A a.m.

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

Coronary Thrombosis Date of onset Feb 6, 1932
943
945
 Other contributory causes of importance: Coronary Sclerosis Oct 1931
None (D)

Name of operation None Date of
 What test confirmed diagnosis? Cerebral 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
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) C. J. Brumick, M. D.
 (Address) 2602 East 15th Kansas City Mo

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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