

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

Do not use this space.

35974

1. PLACE OF DEATH

County Jackson Registration District No. 376 File No. _____
 Township Kear Primary Registration District No. 10023 Registered No. 4484
 City Kansas City (No. 4201, Windsor Ave St. _____ Ward _____)

2. FULL NAME

Claude Albion Wilkerson
 (a) Residence, No. 4201 Windsor Ave St., 10 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Dora Wilkerson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-10-1885</u>		
7. AGE YEARS <u>47</u>	MONTHS <u>6</u>	DAYS <u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Dairyman</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Sold milk</u>		
10. Date deceased last worked at this occupation (month and year) <u>11/27/32</u>		11. Total time (years) spent in this occupation <u>137</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City, Missouri</u>		
13. NAME <u>William Riley Wilkerson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>		
15. MAIDEN NAME <u>Lou Busch</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>		
17. INFORMANT <u>Mrs. Dora Wilkerson</u> (ADDRESS) <u>4201 Windsor</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Zion</u> DATE <u>Nov 30</u> 19 <u>32</u>		
19. UNDERTAKER <u>Stine & McClure & Co.</u> (ADDRESS) <u>Kansas City, Mo.</u>		
20. FILED <u>Nov. 28</u> 19 <u>32</u> <u>W. H. Crowe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/27, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9 A.m.

The principal cause of death and related causes of importance were as follows:
Acute dilatation of heart
Chronic Myocarditis

Other contributory causes of importance:
Arteriosclerosis
Hypertension

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____
 (Signed) W. H. Crowe M. D.
 (Address) _____

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.

