

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

Do not use this space.

9431

1. PLACE OF DEATH
 County Jackson Registration District No. 383
 Township Rau Primary Registration District No. 1000
 City Harrison City (No. St. Joseph Hospital) St. 1544 (Ward)

2. FULL NAME John F. Wilkerson
 (a) Residence, No. 2835 Euclid 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Louisa Brownfield Wilkerson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29 - 1858

7. AGE YEARS 75 MONTHS 2 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 12 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pres. Independence Building Co.

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) Louisville Ky

13. NAME Wilkerson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Bess Muller (ADDRESS) 2835 Euclid

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE April 3, 1933

19. UNDERTAKER Clyde Funeral Home (ADDRESS) 11500 Greenwood

20. FILED Apr 3, 1933 M. M. Cronin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Friday March 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-29, 1933, to 3-31, 1933
 I last saw him alive on 3-31, 1933. Death is said to have occurred on the date stated above, at 4:10 P.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
1931
 Other contributory causes of importance: nephritis, chronic
 Date of onset _____

Name of operation none Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) George V. Feist M. D.
 (Address) 7806 Professional

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.

