

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.

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

Do not use this space.

41061

JAN 26 1934

1. PLACE OF DEATH

County Polaski  
Township Tavern  
City (No. ....) (No. ....)

Registration District No. 716  
Primary Registration District No. 5945

File No. ....  
Registered No. 22  
St. .... Ward)

2. FULL NAME

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Linda Wilkerson  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 18, 1867  
7. AGE YEARS 83 MONTHS 8 DAYS 3 If LESS than 1 day, .... hrs. or .... min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer & carpenter  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired  
10. Date deceased last worked at this occupation (month and year) April 1931 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polaski, Mo - Missouri

13. NAME D. K.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K. Tenn.

15. MAIDEN NAME D. K.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K.

17. INFORMANT W. W. Wilkerson (ADDRESS) Crocker, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crocker Cem DATE Dec. 22, 1933

19. UNDERTAKER F. C. Hooper & Sons (ADDRESS) Crocker, Mo

20. FILED 1715 19 33 W. J. Jeff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1929, to Dec 21, 1933

I last saw him alive on Nov 21, 1933 Death is said to have occurred on the date stated above, at 8:00 a.m.

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

Angina Pectoris Date of onset 1929  
Arterial Sclerosis 1920

Name of operation none Date of 0

What test confirmed diagnosis? none Was there an autopsy? no

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

Accident, suicide, or homicide? no Date of injury 0, 19...

Where did injury occur? 0 (Specify city or town, county, and State)

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

Manner of injury 0

Nature of injury 0

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

If so, specify

(Signed) C. M. Mallitt, M. D.

(Address) Crocker, Mo

