APR 25 1934

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

Do not use this space.

791
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10611

File No.
Registered No. 2431

1. PLACE OF DEATH

County
Township
City St Louis (No. St. Ward)

Registration District No.
Primary Registration District No.

2. FULL NAME Anderson Wilkerson

(a) Residence, No. 1322 N. 21st St., 70 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Negro	

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22, 1931

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	2	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) St Louis Mo

FATHER
13. NAME Phillip Wilkerson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

MOTHER
15. MAIDEN NAME Mattie Anthony
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bay Village Ark.

17. INFORMANT Phillip Wilkerson
(ADDRESS) 1322 N. 21st.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE Mar. 16 1934

19. UNDERTAKER Woods and Co.
(ADDRESS) 2827 Dickson St.

20. FILED 19 J. J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 2, 1934 to Mar. 4, 1934
I last saw LA alive on Mar. 3, 1934. Death is said to have occurred on the date stated above, at 8:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Feb. 26
107a	

Other contributory causes of importance:
Cold non specific

Name of operation Date of
What test confirmed diagnosis? 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) A. F. Flower, M. D.
(Address) 1711 N. 10th St.

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.