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

Do not use this space.

1. PLACE OF DEATH
County Clay — Registration District No. 198 76 — File No. 19858
Township Fishing River — Primary Registration District No. 3011 — Registered No.
City Excelsior Springs, Mo. (No. , St. 3rd Ward)

2. FULL NAME WILKERSON, Sam
(a) Residence, No. VAF, Excelsior Springs, Mo. St., Ward. 1510 E. 11th St., K.C. Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25, 1895

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
39	2	20	

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

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

FATHER
13. NAME Walter Wilkerson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

MOTHER
15. MAIDEN NAME Ellen Lunt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana

17. INFORMANT (ADDRESS) Hospital Records, Veterans Hospital Excelsior Springs, Mo.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Ft. Leavenworth, Kans. DATE 6-26-34 19

19. UNDERTAKER (ADDRESS) Herbert Hope, Excelsior Springs, Missouri

20. FILED 6-14- 1934 Mrs Rea McCracken
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1934, 19, to June 14, 1934, 19
I last saw him alive on June 14, 1934, 19 Death is said to have occurred on the date stated above, at 5:50 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
1336	
1328	
7114	

Other contributory causes of importance:
Bilateral Polycystic Kidney
Anemia Secondary, severe

Name of operation XX Date of XX
What test confirmed diagnosis? Exam. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? XX Date of injury XX, 19
Where did injury occur? XX (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. XX
Manner of injury XX
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? XX
If so, specify unknown
(Signed) H. C. Hardegree, M. D.
(Address) VAFacility, Excelsior Springs, 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.

JUL 12 1934