MAR 26 1935

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

Do not use this space.

5164

File No.

Registered No. 1

1. PLACE OF DEATH
County Howard. Registration District No. 378
Township Boonesborro. Femme Primary Registration District No. 5527
City (No. , St. Ward)

2. FULL NAME George F. Wilkerson

(a) Residence, No. 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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/8th 1860

7. AGE: Years 74 | Months 10 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
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) Pensylvania.

FATHER
13. NAME Ben F. Wilkerson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER
15. MAIDEN NAME Harriett Frost.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania.

17. INFORMANT (ADDRESS) Mrs Ara Brown. Franklin. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Boonesborro. DATE 2/20th 1935

19. UNDERTAKER (ADDRESS) Guy T. Halley. Fayette. MO.

20. FILED 2-20 1935 V. L. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/19th 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from —, 1927, to February 18, 1935
I last saw him alive on February 18, 1935. Death is said to have occurred on the date stated above, at 12 15 m.
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion — Date of onset 2-18-35

Other contributory causes of importance:
Chronic Myocarditis
Chronic Nephritis

Name of operation None Date of
What test confirmed diagnosis? Physical findings 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) W. A. Bloom, M. D.
(Address) Fayette Mo.