

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.

DEC 26 1935

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

Do not use this space.

36099

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township 1st Primary Registration District No. 1002
City H.C. No (No. 3041 East 31st)

File No. _____
Registered No. 50723
St. _____ Ward _____

2. FULL NAME

Carl W. Wilkerson
(a) Residence, No. 3041-E-31st 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Leola Wilkerson</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 8, 1899</u>			
7. AGE YEARS <u>36</u>	MONTHS <u>7</u>	DAYS <u>3</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Franklin Ice</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Ice Co</u>		
	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) <u>Wasson</u>			
MOTHER	13. NAME <u>Edgar Wilkerson</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>		
	15. MAIDEN NAME <u>Leola Wilkerson</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>		
17. INFORMANT <u>Leola Wilkerson</u> (ADDRESS) <u>3041 E. 31st St</u>			
18. BURIAL, CREMATION, OR REMOVAL <u>Not known</u> DATE <u>Nov 13, 1935</u>			
19. UNDERTAKER (ADDRESS) <u>C. F. Blackman & Son</u> <u>2nd Ave. H.C. No</u>			
20. FILED <u>Nov 20, 1935</u> <u>M. M. Cerow</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1935 to Nov 11, 1935
I last saw him alive on Nov 9, 1935 Death is said to have occurred on the date stated above, at 10 P.M.
The principal cause of death and related causes of importance were as follows:
Rheumatic Heart Disease
mitral stenosis
Right Ventricular
Decompensation
Date of onset _____
Other contributory causes of importance:
92 W
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 George C. Lee
(Signed) 730 Professional Bldg
(Address) Kansas City, Mo

1105 hand (30) 70