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.

JAN 15 1936

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

Do not use this space.

38808

1. PLACE OF DEATH
County Callaway — Registration District No. 116 — File No. 40
Township Shamrock — Primary Registration District No. 5166 — Registered No. 40
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Moses 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.

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~~ Fannie Wilkerson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 6 1964

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
71	2	5	

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. Farming
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) Shamrock Missouri

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

MOTHER
15. MAIDEN NAME Martha Callison
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway County Missouri

17. INFORMANT (ADDRESS) T. B. Wilkerson Shamrock Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Augusta Cemetery DATE Dec. 12 1935

19. UNDERTAKER (ADDRESS) Hughes Mankin Auxvasse Mo.

20. FILED Dec. 12 1935 Mrs. Ethel Armstrong Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from November 29, 1935, to December 11, 1935
I last saw him alive on December 11, 1935. Death is said to have occurred on the date stated above, at 3.00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Liver	

Other contributory causes of importance:

46

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 .....
(Signed) C. B. Nichols, M. D.
(Address) Auxvasse, Mo.