

Dec. 22.

FEB 19 1936

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

Do not use this space.

894

1. PLACE OF DEATH

County Gasconade
Township Richland
City Gasconade (No.)

Registration District No. 304
Primary Registration District No. 0427

File No.
Registered No. 547 St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</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>Lucy Wilkerson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 22, 1882</u>		
7. AGE	YEARS <u>53</u>	MONTHS <u>0</u>
		DAYS <u>28</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>Laborer</u>
	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) Richland, Mo.
(STATE OR COUNTRY)

13. NAME John Wilkerson

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Seagfield

16. BIRTHPLACE (CITY OR TOWN) Sp. Charles Co., Mo.
(STATE OR COUNTRY)

17. INFORMANT Mrs. John Wilkerson
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Antial Cemetery DATE Jan. 23, 1936

19. UNDERTAKER J. L. Hoops & Sons
(ADDRESS) St. Charles, Mo.

20. FILED 1-27-36 F. R. Kicker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1936, to Jan 20, 1936

I last saw him alive on Jan 20, 1936 Death is said

to have occurred on the date stated above, at Richland, Mo.

The principal cause of death and related causes of importance were as follows:

Coroner's Verdict of Jury
By accidental fall
from steps on West
end of Gasconade
highway Bridge about
11:10 PM
Other contributory causes of importance:

Name of operation 9/6 Date of Jan 20, 1936

What test confirmed diagnosis 9/6 Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accidental Date of injury Jan 20, 1936

Where did injury occur? Gasconade, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public Place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify John L. Stanley, Acting Coroner, M. D.

(Signed) John L. Stanley, Acting Coroner, M. D.

(Address) Gasconade, Mo.

