

WRITE CLEARLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

OCT 21 1936

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

Do not use this space.

35421

1. PLACE OF DEATH

County St. Francois Registration District No. 775
Township Boone Primary Registration District No. 6020-A
City Boone Terre Mo. St. _____ Ward _____

File No. _____
Registered No. 66

2. FULL NAME

John Wilkerson
(a) Residence, No. Boone Terre Mo. 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 Divorced
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 10 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

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) Jefferson County Missouri

13. NAME James M Wilkerson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson County Missouri

15. MAIDEN NAME Emily Goza

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson County Missouri

17. INFORMANT (ADDRESS) G. P. Wilkerson Boone Terre Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wilkerson Cemetery DATE Sept 14 1936

19. UNDERTAKER (ADDRESS) Bertram 2nd. Co Boone Terre Mo

20. FILED Sept 14 1936 N. W. Howden Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1 1936, to Sept 12 1936
I last saw him alive on Sept 11 1936 Death is said to have occurred on the date stated above, at 4 P. m.

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

Chc Myocarditis
Senility
Date of onset _____

Name of operation none Date of _____
What test confirmed diagnosis? Exam 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) C. H. Appleberry, M. D.
(Address) 7. Lar River Mo.

