

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 30 1936

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

Do not use this space.

1. PLACE OF DEATH

County Polaski
Township Cullen
City Marion

Registration District No. 713
Primary Registration District No. 5942

File No. 42218
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Marcel Richard 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 Betsy Wilkerson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) — 1851
7. AGE YEARS 85 MONTHS ✓ DAYS ✓ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 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. Farmer
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) Missouri

MOTHER 13. NAME Unknown

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

15. MAIDEN NAME Katie Beard

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

17. INFORMANT Thomas Wornal (ADDRESS) Adrian mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Piggan DATE Nov-26 36

19. UNDERTAKER Fred H. Gilbert (ADDRESS) Adrian mo

20. FILED 11/26, 1936 Chadwick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/26, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/27, 1936, to 11/26, 1936

I last saw him alive on 9/27, 1936. Death is said

to have occurred on the date stated above, at 12:20 p.m.

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

Pulmonary T.B. Date of onset 1934

Other contributory causes of importance 3

Name of operation _____ Date of _____

What test confirmed diagnosis Aspiral 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) Chadwick, M. D.

(Address) Wayneville

