

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.

FEB 25 1937

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

Do not use this space.

58

1. PLACE OF DEATH

County Andrew
Township Salt River
City Mexico (No. _____)

Registration District No. 26Primary Registration District No. 30021

File No. _____

Registered No. 10

St. _____ Ward _____

2. FULL NAME Paul Wilkerson(a) Residence, No. 703 E. Breckenridge St. Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-13-1903</u>		
7. AGE	YEARS <u>23</u>	MONTHS <u>9</u>
	DAYS <u>9</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Gen labor</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) Guthrie
(STATE OR COUNTRY) Mo13. NAME James Wilkerson14. BIRTHPLACE (CITY OR TOWN) Guthrie
(STATE OR COUNTRY) mo15. MAIDEN NAME Peggy Nevins16. BIRTHPLACE (CITY OR TOWN) Guthrie
(STATE OR COUNTRY) mo17. INFORMANT Mrs Peggy Wilkerson
(ADDRESS) Mexico Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood Mexico DATE 1-24-3619. UNDERTAKER A. S. Reynolds
(ADDRESS) Mexico - mo20. FILED Jan 24 1937 Blanche Neely
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-22-193722. I HEREBY CERTIFY, That I attended deceased from 1-1-1937, to 1-22-1937I last saw him alive on 1-22-1937 Death is said to have occurred on the date stated above, at 3:30 m.

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

Pulmonary Tuberculosis Date of onset _____

Other contributory causes of importance: _____

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? _____

If so, specify _____
(Signed) H. J. Gator M. D.(Address) Mexico, Mo.

