

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.

MAY 18, 1937

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

Do not use this space.

1. PLACE OF DEATH  
 1. County Buchanan Registration District No. 43  
 Township Jackson Primary Registration District No. 5118  
 City (No. St. Ward)  
 2. FULL NAME Mary Caroline 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.

File No. 15704  
 Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Wilkerson  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 7-1852  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
84 4 1  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Keeping  
 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) Buchanan Co. Missouri  
 13. NAME John B. Stenwood  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
 15. MAIDEN NAME Mary Ray  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina  
 17. INFORMANT J. C. Wilkerson (ADDRESS) Deasboro Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Deasboro Mo. DATE April 9, 1937  
 19. UNDERTAKER Benjamin Davis (ADDRESS) Deasboro Mo.  
 20. FILED 4/9 1937 M. S. Steel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7 1937 viewed  
 22. I HEREBY CERTIFY, That I attended deceased from April 7th 1937 to viewed 1937  
 I last saw him alive on viewed 1937 Death is said to have occurred on the date stated above, at 9 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Acute Coronary Thrombosis Date of onset 4/7/37  
 Other contributory causes of importance:  
Arteriosclerosis  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? History 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 \_\_\_\_\_ no  
 24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) B. W. Tadlock Coroner, M. D.  
 (Address) St Joseph, Mo.

