

1938

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

42525
Do not use this space.

1. PLACE OF DEATH

(a) County Calloway 3 Registration District No. 104
(b) Township _____ Primary Registration District No. 3008 Registered No. 317
(c) City Fulton 1 or _____ (d) Street No. State Hosp. #1 St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 7 mos 19 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William Thomas Wilkerson
(a) Residence, No. Mexico Mo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Suey Mussetter Wilkerson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19 1856
7. AGE YEARS 83 MONTHS 6 DAYS 18 IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. ml
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Santa Fe (STATE OR COUNTRY) Missouri

13. NAME Milton B Wilkerson
14. BIRTHPLACE (CITY OR TOWN) Boone Co (STATE OR COUNTRY) mo

15. MAIDEN NAME Amanda Rybee
16. BIRTHPLACE (CITY OR TOWN) Santa Fe (STATE OR COUNTRY) mo

17. INFORMANT (ADDRESS) History Hospital Record

18. BURIAL, CREMATION, OR REMOVAL PLACE Mexico Mo DATE Dec 24 1938

19. FUNERAL DIRECTOR (NAME) McPherson (ADDRESS) Mexico Mo

20. FILED Dec 23 1938 R. N. Crews Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1938 to Dec 22 1938
I last saw him alive on Dec 22 1938 Death is said to have occurred on the date stated above, at 1039 in.
The principal cause of death and related causes of importance were as follows:

Arterio Sclerotic Heart Disease & Cardiac Failure
Date of onset 45

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) C. G. Krusher, M. D.
(Address) State Hospital #7

WRITE PLAINLY, 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.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

