

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

Do not use this space.

19022

1. PLACE OF DEATH  
 County Wekab. Registration District No. 4161  
 Township Wakarusa Primary Registration District No. 262  
 City Union Star (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward \_\_\_\_\_)

2. FULL NAME Sanford 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 23 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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 Cara M. Wilkerson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 30 - 1850

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hr. or _____ min.
	<u>79</u>	<u>5</u>	<u>27</u>	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Retired Merchant  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Wilmington  
 (STATE OR COUNTRY) Ohio

10. NAME OF FATHER John Wilkerson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Boonville  
 (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Ann Connor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Paver  
 (STATE OR COUNTRY) Ill.

14. INFORMANT Bessie Wilkerson  
 (Address) Union Star Mo.

15. June 27, 1930 E. M. Reynolds  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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 15. DATE OF DEATH (MONTH, DAY AND YEAR) June 27, 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 1926, to June 27, 1930.  
 That I last saw him alive on June 27, 1930, and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Serious Atrophic Softening of the brain  
82C  
135B (duration) 4 yrs. mos. da.  
 CONTRIBUTORY (secondary) Chronic Cystitis (duration) yrs. 6 mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) A. O. Varner, M. D.  
June 27, 1930 (Address) Union Star Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Union Star Cemetery DATE OF BURIAL 6/29/30

20. UNDERTAKER J. H. Wilson ADDRESS King City Mo.

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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