

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

Do not use this space.

28874

1. PLACE OF DEATH  
 2 County W. Kalb. Registration District No. 4161 File No. \_\_\_\_\_  
 3 Township Patton Primary Registration District No. 262 Registered No. \_\_\_\_\_  
 4 City Union Star (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Albert 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 26 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 Elizabeth Wilkerson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-8-1855

7. AGE YEARS 77 MONTHS 4 DAYS 22 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hardware  
 10. Date deceased last worked at this occupation (month and year) Sept 1916 11. Total time (years) spent in this occupation. 20

FATHER  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo. 2  
 13. NAME John Wilkerson  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo.  
 15. MAIDEN NAME Ann Corner  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ill.

MOTHER  
 17. INFORMANT Carl Wilkerson - Elbert  
 (ADDRESS) 1320 Olive Street  
 18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE Oct. 2, 1932

19. UNDERTAKER (ADDRESS) H. O. Wilson  
King City, Mo.  
W. M. Reynolds  
Registrar.

20. FILED 10-1 1932

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932 to Sept 30, 1932  
 That saw him live on Sept 29, 1932 Death is said to have occurred on the date stated above, at 8:00 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma Rectum 1-1-32  
450 460  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Chemo 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. \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NO  
 If so, specify \_\_\_\_\_  
 (Signed) E. M. Reynolds, M. D.  
 (Address) Union Star, Mo.

OCT 25 1932

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.

