

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

Do not use this space.  
42679

FEB 25 1935

**1. PLACE OF DEATH**

County Greene Registration District No. 944  
Township Taylor Primary Registration District No. 5438  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William Jacob 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.

**PERSONAL AND STATISTICAL PARTICULARS**

|  |  |   |
|--|--|---|
| 3. SEX<br><u>Male</u>  | 4. COLOR OR RACE<br><u>white</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Mary Wilkerson</u>        |  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  |  |   |
| 7. AGE   | YEARS<br><u>66</u>   | MONTHS<br><u>3</u>  |
|  | DAYS<br><u>2</u>   | If LESS than 1 day, _____ hrs. or _____ min.                                |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Minister</u> |   |
|  | 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)<br><u>Webster Co. Mo.</u>                   |  |   |
| MOTHER FATHER  | 13. NAME<br><u>Sam Wilkerson</u>   |   |
|  | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Unknown</u>   |   |
|  | 15. MAIDEN NAME<br><u>Coxing</u>   |   |
|  | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Unknown</u>   |   |
| 17. INFORMANT <u>Frank Wilkerson</u> (ADDRESS)   |  |   |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>Parkeville</u> DATE <u>Dec. 7</u> 19 <u>34</u> |  |   |
| 19. UNDERTAKER <u>Tilley and Ferrell</u> (ADDRESS) <u>Rogersville Mo.</u>                    |  |   |
| 20. FILED <u>Jan. 12</u> 19 <u>35</u> <u>Clyde R. Anderson</u> Registrar.                    |  |   |

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1934 to Dec 5 1934

I last saw him alive on Dec 1 1934. Death is said to have occurred on the date stated above, at 7:40 p.m.

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

Chc. Myocarditis - with decompensation

726 137

Other contributory causes of importance:  
Prostatic hypertrophy 137

Name of operation None Date of no

What test confirmed diagnosis? physical Was there an autopsy? no

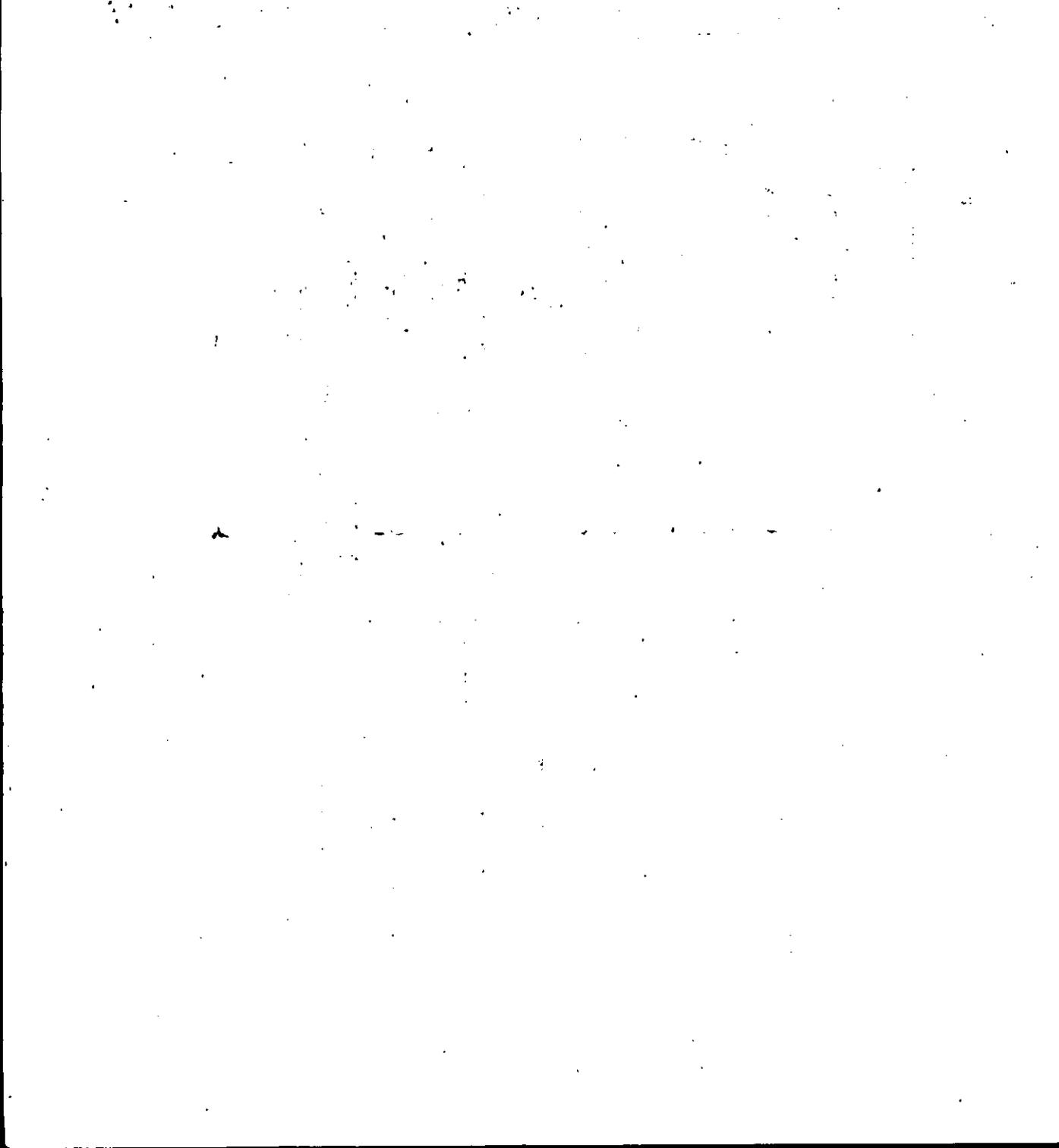
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) John W. Williams Jr. M. D.  
(Address) Springfield, 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.





FEB 28 1965

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