

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

Do not use this space.

**JUN 17 1937**

1. PLACE OF DEATH  
 County Callaway Registration District No. 104  
 Township Fulton Primary Registration District No. 5153  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 File No. 19640  
 Registered No. 140

2. FULL NAME Sammie Wilkerson  
 (a) Residence, No. McCredie St. Mo Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) — — 1914

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>23</u>	<u>—</u>	<u>—</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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) Missouri

13. NAME Leo Wilkerson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Myrtle Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calicoad, Mo.

17. INFORMANT Leo Wilkerson  
 (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL Wheatstone Cemetery DATE May 18 37

19. UNDERTAKER Elmer Bell  
 (ADDRESS) Fulton, Mo.

20. FILED May 18 1937 R. N. Creech  
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-15, 1937, to 5-15, 1937  
 I last saw him alive on May 15, 1937 Death is said to have occurred on the date stated above, at 1 a m. 5-16-37  
 The principal cause of death and related causes of importance were as follows:  
depressed fracture  
oblique femur  
region left hip 1 1/2 x 3/4 in  
multiple fractures left  
shoulder  
 Other contributory causes of importance:  
truck by hit and run  
driver 20' N. of me east of  
Kingdom City on Hwy 40  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Physician Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? accident Date of injury 5-15-37  
 Where did injury occur? on Hwy 40, 2 1/2 m. E. Kingdom  
Callaway Co. (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. on Hwy 40  
 Manner of injury Auto accident  
 Nature of injury fracture skull & shoulder

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) R. N. Creech, M. D.  
Carroll, Callaway Co. Fulton Mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state

