

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.

OCT 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Co
Township Kaw
City R. C. Mo

Registration District No. 399
Primary Registration District No. 1002
(No. Wesley Hospital)

File No. 33397
Registered No. 3042
St. _____ Ward _____

2. FULL NAME

Robert Eugene Wilkerson

(a) Residence, No. Hospital St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-22-37

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
shown — ✓

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓ none

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) Kansas City Mo

13. NAME Eugene O Wilkerson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) R. C. Mo

15. MAIDEN NAME Virginia L Jackson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edgerton Kan

17. INFORMANT Allie Campbell
(ADDRESS) Edgerton Kan

18. BURIAL, CREMATION, OR REMOVAL PLACE Edgerton Kan DATE 9-23 1937

19. UNDERTAKER W. H. C. C. & Son
(ADDRESS) Edgerton Kan

20. FILED 9/23 1937 M. M. Karowe
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/23 1937

22. 9/23 1937 HEREBY CERTIFY, That I attended deceased from 9/23 1937

I last saw him alive on 9/22 1937. Death is said to have occurred on the date stated above, at 3:30 AM

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

permaten birth.

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Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide no Date of injury _____, 1937

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 Chloroform drug!

(Signed) 3922 Bell, M. D.
(Address)

