

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

157178
Do not use this space.

1. PLACE OF DEATH
 (a) County Lawrence Registration District No. 470
 (b) Township North Vernon Primary Registration District No. 5633 Registered No. _____
 (c) City North Vernon, Mo (d) Street No. Missouri State Sanatorium St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 31 yrs. 5 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME
 (a) Residence, No. 426 B Baring, Missouri St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 10, 1914</u>		
7. AGE <u>26</u>	YEARS	MONTHS
		DAYS
		If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Laborer</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) <u>Spring 1938</u>	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) <u>Greensburg</u> (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>William T. Wilkerson</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Cincinnati,</u> (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Mary E. Murry</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Mt. Pleasant</u> (STATE OR COUNTRY) <u>Iowa</u>	
17. INFORMANT <u>E. McMichael, Record Clerk</u> (ADDRESS) <u>Missouri State Sanatorium</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mc S. S. Cemetery</u> DATE <u>Feb 23</u> 19 <u>40</u>		
19. FUNERAL DIRECTOR (NAME) <u>Fossath Funeral Home</u> (ADDRESS) <u>Mt. Vernon, Mo</u>		
20. FILED <u>Feb. 23</u> 19 <u>40</u> <u>P. A. Holmer</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20 1938 to Feb. 20, 1940

I last saw him alive on Feb. 20, 1940. Death is said to have occurred on the date stated above, at 5:00 P. M.

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

Date of onset Spring 1938

Other contributory causes of importance: 72

Name of operation _____ Date of _____
 What test confirmed diagnosis? Tuberc. 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.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify: _____
 (Signed) J. P. Vernon, M.D. M. D.
421 (Address) North Vernon, Mo

RECEIVED

District Health Officer No. 6,

District File Number 340-655

Date Filed MAR 6 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.