

FamilySearch (https://familysearch.org/search/film/004184121); digital film 004184121, image 638 of 2520; Knox Co., Death Record 13126, William H. Wilkerson, 25 June 1931; State Library and Archives, Nashville.

Size 8 1/2 x 7 1/4  
Every item of information 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. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

Form V. S. No. 4

90

1. PLACE OF DEATH  
 County Knox  
 Civil Dis. or Village or City Knoxville  
 Length of residence in city or town where death occurred 71 yrs. 7 mos. 28 days

STATE OF TENNESSEE  
 STATE DEPARTMENT OF HEALTH  
 Division of Vital Statistics  
 CERTIFICATE OF DEATH  
 13126  
 File No. 757  
 Registration District No. 24801  
 Primary Registration District No.           
 (No.         , St.         , Ward         )  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 (If nonresident, give city or town and State)

2. FULL NAME William H. Wilkerson  
 (a) Residence: No. 541 Beaumont Ave. Ward           
 (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha H. Wilkerson  
 6. DATE OF BIRTH (month, day, and year) Oct 27, 1859  
 7. AGE Years 71 Months 7 Days 28 If LESS than 1 day,          hrs. or          min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Carpenter  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0649  
 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) Tennessee  
 13. NAME John Wilkerson  
 14. BIRTHPLACE (city or town) (State or country) Tennessee  
 15. MOTHER NAME Mary Braman  
 16. BIRTHPLACE (city or town) (State or country) Tennessee  
 17. INFORMANT A. L. Barker  
 (Address) 541 Beaumont Ave.  
 18. BURIAL, CREMATION, OR REMOVAL Place Kingston Date June 26, 1931  
 19. UNDERTAKER W. H. Sallies Co.  
 (Address) Knoxville, Tenn.  
 20. FILED 6-26-31 M. Kyle Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 25, 1931  
 22. I HEREBY CERTIFY, That I attended deceased from 8:30 1930 to June 25, 1931  
 I last saw him alive on June 13, 1931, death is said to have occurred on the date stated above, at 11:07 A.M.  
 The principal cause of death and related causes of importance in order of onset were as follows: Dilatation of Heart Date of onset 90  
 Contributory causes of importance not related to principal cause: Hypertension  
 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?          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?           
 If so, specify           
 (Signed) W. H. Sallies M. D.  
 (Address) Medical Building