

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 25 1937

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

Do not use this space.

35092

1. PLACE OF DEATH

County Ray Registration District No. 740
 Township Crooked River Primary Registration District No. 4012
 City Harden mo (No. _____ St. _____ Ward)

File No. _____
 Registered No. _____

2. FULL NAME

John William Walker

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May - 26 - 1860</u>		
7. AGE	YEARS	MONTHS
<u>77</u>	<u>4</u>	<u>21</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lived with</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Daughter</u>		
10. Date deceased last worked at this occupation (month and year)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1937, to Sept 16 1937

I last saw him alive on Sept 16 1937. Death is said to have occurred on the date stated above, at 3:00 A.M.

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

myocarditis

Pyonephritis

Prostatism

Other contributory causes of importance:

Date of case?	<u>?</u>
?	<u>?</u>
?	<u>?</u>

OCCUPATION	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sumner mo</u>
	13. NAME <u>John Walker</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>
	15. MAIDEN NAME <u>Don't know</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do. x know</u>
	17. INFORMANT (ADDRESS) <u>Mrs Agal Pennington</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Salade</u> DATE <u>Sep-19</u> 19 <u>37</u>	
19. UNDERTAKER (ADDRESS) <u>Geo W. Knipschild</u>	
20. FILED <u>Sept. 18</u> 19 <u>37</u> <u>H. K. Wilford</u> Registrar.	

Name of operation none Date of _____

What test confirmed diagnosis? Clinical 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) Carl H Reed, M. D.
 (Address) Harden, Mo.

