

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

1 PLACE OF DEATH

County Douglas
Township McMurtrey
or
Village
or
City

32443-6
Registration District No. 1162
Primary Registration District No. 5583

File No. 32443-~~6~~
Registered No. 19

(NO. St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME John Otis Walford

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single

6 DATE OF BIRTH Dec. 25 1895
(Month) (Day) (Year)

7 AGE 22 yrs. 7 mos. 10 ds.
IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) Missouri

PARENTS
10 NAME OF FATHER John Thomas Walford
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Tenn.
12 MAIDEN NAME OF MOTHER Sarah Antip
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Annie Turley
(Address) Brushy Knob

15 Filed Dec 18 1918
Registrar O. H. Row

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct. 10 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Oct. 4 1918 to Oct. 8 1918, that I last saw him alive on Oct. 8 1918, and that death occurred, on the date stated above, at 3 a.m.
The CAUSE OF DEATH* was as follows:

Tuberculosis of Lung's.
(Duration) 46 mos. ds.

CONTRIBUTORY (Secondary)
(Duration) 46 yrs. mos. ds.
(Signed) N. G. Martin M. D.
Oct. 28 1918 (Address) Norwood Mo

*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death... yrs... mos... ds. In the State... yrs... mos... ds.
Where was disease contracted if not at place of death?
Former or present residence.

19 PLACE OF BURIAL OR REMOVAL Brushy Knob Mo
DATE OF BURIAL 12/14 1918

20 UNDERTAKER Refus Morgan
ADDRESS Brushy Knob Mo

