

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

20015

1 PLACE OF DEATH

County Johnson  
Township Monteirat  
of Monteirat  
Village Monteirat  
or  
City (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 431 File No. \_\_\_\_\_  
Primary Registration District No. 39593 Registered No. \_\_\_\_\_

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

2 FULL NAME Robert Tinnin Walker

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDWED OR DIVORCED Married  
(Write the word)  
6 DATE OF BIRTH Feb 13 1834  
(Month) (Day) (Year)

7 AGE 85 yrs 4 mos 3 ds. If LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Carpenter  
(b) General nature of industry business, or establishment in which employed (or employer) North Carolina

9 BIRTHPLACE (City or town, State or foreign country) North Carolina

PARENTS  
10 NAME OF FATHER James Walker  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) X  
12 MAIDEN NAME OF MOTHER Sally Hudson  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) N. Carolina

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) R. J. Walker Jr.  
(Address) Wardens office

15 Filed 6-17 1919 W. R. Allison  
Registrar

2 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 17 1919  
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from May 7 1919 to June 17 1919, that I last saw him alive on June 17 1919 and that death occurred, on the date stated above, at 2:00 a.m.

The CAUSE OF DEATH\* was as follows:  
Apoplexy  
(Duration) 7 yrs mos. ds.

CONTRIBUTORY Senile Debility  
(Secondary)  
(Duration) 7 yrs mos. ds.  
(Signed) J. E. Posh M. D.  
6/17 1919 (Address) Sub North Mo

\*State the Disease Causing Death, or, in deaths 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 usual residence.

19 PLACE OF BURIAL OR REMOVAL Lee Cemetery DATE OF BURIAL June 18 1919  
20 UNDERTAKER C. L. Saulty ADDRESS Sub North Mo

