

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

Do not use this space.

32559

1. PLACE OF DEATH

County Wayne Registration District No. 891
 Township Butler Primary Registration District No. 7540
 City Piedmont (No.) St. Ward)

File No.
 Registered No. 20

2. FULL NAME

John 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1/19/1854
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 | 8 | 12 |
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work James
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/1 1927
 17. I HEREBY CERTIFY That I attended deceased from
 to
 that I last saw him alive on and that death occurred, on the date stated above, at
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
1094 Pneumonia
129B (duration) yrs. mos. da. 7
 CONTRIBUTORY Pneumonia
 (SECONDARY) (duration) yrs. mos. da. 7

9. BIRTHPLACE (CITY OR TOWN)
 (STATE OR COUNTRY) Virginia
 10. NAME OF FATHER Freel Walker
 11. BIRTHPLACE OF FATHER (CITY OR TOWN)
 (STATE OR COUNTRY) Virginia
 12. MAIDEN NAME OF MOTHER Annabelle Bennette
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
 (STATE OR COUNTRY) W. Va.

18. WHERE WAS DISEASE CONTRACTED Piedmont W. Va.
 IF NOT AT PLACE OF DEATH:
 DID AN OPERATION PRECEDE DEATH? NO DATE OF
 WAS THERE AN AUTOPSY? NO
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. H. Forcey M. D.
 , 19 (Address) Piedmont W. Va.

14. INFORMANT
 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

15. FILED 11/26/27 T. B. Pile REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Piedmont DATE OF BURIAL 10/3 1927
 20. UNDERTAKER Gates Und. Co. Piedmont ADDRESS

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.

1920

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