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

Do not use this space.

File No. 13589
Registered No. 1924

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399
Township: Kaw — Primary Registration District No.: 1002
City: Kansas City (No. 3605 E. 19th St. St. Ward)

2. FULL NAME: Charles Henry Vanderwalker

(a) Residence. No. 3605 E. 19th St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. 1 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 5, 1839

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
89	3	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) New York

PARENTS

10. NAME OF FATHER Isaac Vanderwalker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) North Cumberland
(STATE OR COUNTRY) N. Y.
12. MAIDEN NAME OF MOTHER Elizabeth Fishume
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) North Cumberland
(STATE OR COUNTRY) N. Y.

14. INFORMANT Mrs. B. J. Perrie
(Address) 3605 E. 19th St

15. FILED 4/29, 1928 M. M. Evans
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 29 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1927, to April 29, 1928, that I last saw h. alive on Dec. 16, 1927, and that death occurred, on the date stated above, at 1:25 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis, Chronic (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis (duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? —
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) R. C. McClure, M. D.
4/29, 1928 (Address) 728 Argyle Bldg K. C. Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mount Hill, K.C. Kans — DATE OF BURIAL: 4/30/1928

20. UNDERTAKER: Freeman Mortuary — ADDRESS: 7th & Baltimore Ave.

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.

Dr. R. C. McClure
728 Argyle Bldg.
1.30