

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

Do not use this space.

20570

1. PLACE OF DEATH

County Jackson
Township 1st
City K. C. Mo

Registration District No. 399
Primary Registration District No. 1002

File No. 1
Registered No. 2401
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 2618 Chelsea St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 14 How long in U.S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 2nd 1928

7. AGE YEARS MONTHS DAYS || IF LESS than 1 day, 6 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) K. C. (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Robert Walker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Lula Walker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT (Address) Robert Walker
2618 Chelsea

15. FILED 74, 1928 M. M. Crowe REGISTRAR
Assn

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 3 1928

17. I HEREBY CERTIFY That I attended deceased from June 3 to June 3 1928 that I last saw h. alive on June 3 1928, and that death occurred, on the date stated above, at 8 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Prematurity
159 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 1610 (duration) 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? Physician findings
(Signed) Harry C. Lapp, M. D.
74, 1928 (Address) 1812 1/2 E. 34th St. Bldg

*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 Wt Washington DATE OF BURIAL June 5 1928

20. UNDERTAKER Rose & Henderson ADDRESS City

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.

part of survey of ...
Tenth ...

18th Floor