Nov 2 4/8 59

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

Do not use this space.

27456

1. PLACE OF DEATH
County Jackson — Registration District No. — File No. 2532
Township Kaw — Primary Registration District No. — Registered No. 2532
City K.C. Mo. (No. 818 E 10th Str St. Ward)

2. FULL NAME Bruce Walker
(a) Residence. No. 818 E 10th St. Apt D St., 1 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: col.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(or) WIFE OF~~ Flora B Walker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 24 - 1859

7. AGE: Years 69 | Months 4 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Hickman Co
(STATE OR COUNTRY) Ky

PARENTS
10. NAME OF FATHER George W. Walker
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ky
12. MAIDEN NAME OF MOTHER Tamar Lawton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) S.C.

14. INFORMANT Flora B. Walker
(Address) 818 E. 10th Str Apt. D.

15. FILED 8/23, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 21 1928

17. I HEREBY CERTIFY, That I attended deceased from June 11th, 1928, to Aug 21, 1928 that I last saw him alive on Aug 13, 1928, and that death occurred, on the date stated above, at 6:55 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Interstitial Nephritis
Chronic
131
(duration) 1 yrs. X mos. X ds.

CONTRIBUTORY (SECONDARY) 1290
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
(1) DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. B. Guggenheim, M. D
8/22, 1928 (Address) 1126 E 15th

*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: Lexington Mo Forest Grove
DATE OF BURIAL: 8-25 1928

20. UNDERTAKER: Flynn + Greenstreet
ADDRESS: K.C. Mo. 1819 E 15th Str

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.