NOV 21 1928

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

Do not use this space.

33153

241

1. PLACE OF DEATH
County Dallas
Township Lincoln
City Buffalo (No. ..... St. ..... Ward)
Registration District No. 4147
Primary Registration District No. ~~241~~
File No. .....
Registered No. 305

2. FULL NAME Geo. W 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX W
4. COLOR OR RACE m
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10/21/28

7. AGE YEARS MONTHS DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Buffalo
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Chas. Walker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Buffalo
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Adams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Kans.

14. INFORMANT Chas. Walker
(Address) Buffalo, Mo.

15. FILED 11/10, 1928 Harvey Morrow REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/20 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1928 to [illegible] 1928 that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 6 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bald Hirt
[illegible]
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 2050
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) B F Johnson, M. D
, 19 (Address) Buffalo 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 Prairie Grove
DATE OF BURIAL 10/31 1928

20. UNDERTAKER C E Routh & Son
ADDRESS Buffalo Mo

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.