NOV 21 1939

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

Do not use this space.
36386-1

1. PLACE OF DEATH
County Christian — Registration District No. 196 — File No. 6
Township — Primary Registration District No. 5261 — Registered No. 196
City Chadwick (No. ..... St. ..... Ward)

2. FULL NAME Aubrey 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 25 yrs. 2 mos. 17 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Avery Harriet Walker

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 9-12-1903

7. AGE: Years 25 — Months 2 — Days 17 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Not employed
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chadwick, Missouri

PARENTS
10. NAME OF FATHER: Grant Walker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Linden, Missouri
12. MAIDEN NAME OF MOTHER: Sarah Maple
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Lawrence, Kansas

14. INFORMANT (Address): Sarah E Walker, Chadwick Mo

15. FILED 10-9 1930 J S Steiner REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY That I attended deceased from Nov 1st 1926 to Nov 29 1928 that I last saw him alive on Nov 26 1928 and that death occurred, on the date stated above, at 5 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pernicious Anemia
TIA
(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): 5 B W
(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? Blood ex.

(Signed) H J Wise M. D
9-19-1930 (Address) Sparta 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: Fairview Cemetery — DATE OF BURIAL: NOV 30 1928

20. UNDERTAKER: B. C. Klepper — ADDRESS: Ozark 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.