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

Do not use this space. 40654

1. PLACE OF DEATH
County: Jackson — Registration District No. — File No. 4918
Township: Kaw — Primary Registration District No. — Registered No.
City: K.C., Mo. (No. Mercy Hospital St. Ward)

2. FULL NAME: Clarence Walker
(a) Residence. No. 3015 Denver St., 14 Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 11 1928

7. AGE — YEARS: — MONTHS: 4 — DAYS: 25 — If LESS than 1 day, ... hrs. or ... min.

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

9. BIRTHPLACE (CITY OR TOWN): Kansas City, Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER: James Walker
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unk
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Hazel Unk
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unk
(STATE OR COUNTRY)

14. INFORMANT: Mother Mrs C Walker
(Address) 3015 Denver

15. FILED 12-8 1928 M M Crowl Asst REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-6 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1928, to Dec. 6, 1928, that I last saw him alive on Dec. 6, 1928, and that death occurred, on the date stated above, at 6:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Malnutrition 10 days
Acute Mid 1 1/2 days
Pneumonia, Broncho (duration) yrs. mos. 26 ds.
CONTRIBUTORY (SECONDARY) Pneumonia, Broncho (duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH? 3015 Denver
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Finding
(Signed) E. L. Fairbridge, M. D.
12-7, 1928 (Address) 711 Rockridge

*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: Forest Hill — DATE OF BURIAL: 12/8 1928
20. UNDERTAKER: Mrs C L Forsythe — ADDRESS: KC 918 Brooklyn

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD