

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

Do not use this space.

5622

**1. PLACE OF DEATH**

County Butler  
Township Poplar Bluff  
City Poplar Bluff

Registration District No. 89  
Primary Registration District No. 3007

File No. \_\_\_\_\_  
Registered No. 27  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St., \_\_\_\_\_ Ward, Risco mo  
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 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 white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 16-1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
57 9 21

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Juka  
(STATE OR COUNTRY) Miss.

10. NAME OF FATHER William W. Walker

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

12. MAIDEN NAME OF MOTHER Jacobs Bushy

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

14. INFORMANT Mrs Emma Johnson  
(Address) Poplar Bluff

15. FILED 3/12, 1929 Dr B J Clark  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 8 1929

17. I HEREBY CERTIFY That I attended deceased from Jan 8, 1929, to Feb 7, 1929 that I last saw him alive on 79, 1929, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\*\* WAS AS FOLLOWS:**

Coronary Sclerosis,  
90% (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Sclerosis (duration) 1 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, Louisiana

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical Laboratory  
(Signed) H. F. S. Taylor M. D.

\*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 Woodlawn DATE OF BURIAL Feb 8 1929

20. UNDERTAKER Frank Undergo ADDRESS Poplar Bluff

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.

*aylor*  
1929

