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

Do not use this space.

30631

1. PLACE OF DEATH
County Harrison — Registration District No. 334 — File No. 525
Township — Primary Registration District No. 4197 — Registered No.
City Bethany (No. ..... St. ..... Ward)

2. FULL NAME William S. Walker
(a) Residence. No. ..... St., ... 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 16. 1842

7. AGE: Years 86 — Months 10 — Days 15 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Merchant
(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): Rockingham County North Carolina

PARENTS
10. NAME OF FATHER: Daniel Walker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Don't Know
12. MAIDEN NAME OF MOTHER: Mary Jane Edmonson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

14. INFORMANT (Address): J B Simons Bethany Mo

15. FILED 9/10, 1929 W J Harned REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 1 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1929 to Sept 1st, 1929, that I last saw h. alive on Sept 1, 1929, and that death occurred, on the date stated above, at 1030 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Liver

46 B (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 44 B (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) Ernest L Wood, M.D.C.
Sept 2 1929 (Address) Bethany 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: Miriam Cemetery — DATE OF BURIAL: Sept 3 1929

20. UNDERTAKER: S. M. Haas — ADDRESS: Bethany 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.

WRITE PLAINLY, WITH UNFADING INK

41 1929 2 1 6 3 1 7 1