

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

Do not use this space.

74327443

1. PLACE OF DEATH

County Sullivan
Township Park
City Milan Mo (No. _____)

Registration District No. 852
Primary Registration District No. 4518

File No. _____
Registered No. 8
St. _____ Ward _____

2. FULL NAME

(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 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 Isabelle Walker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 26, 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
<u>63</u>	<u>2</u>	<u>7</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work R R Crossing Foreman
(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) N.Y.

10. NAME OF FATHER William Walker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) England
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Mary (Unknown)

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) N.Y.
(STATE OR COUNTRY) _____

14. INFORMANT Isabelle Walker
(Address) Milan Mo

15. FILED 2-7 1930 Bo Bertha Weclary
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 6 1930

17. I HEREBY CERTIFY, That I attended deceased from 1929 to Feb 5, 1930 that I last saw him alive on Feb 5, 1930 and that death occurred, on the date stated above, at 3 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myocarditis
mitral insufficiency
..... (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED? None
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) E. J. Jackson M. D.

July 6, 1930 (Address) Milan 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 Oakwood Cem Milan Mo DATE OF BURIAL July 6 1930

20. UNDERTAKER O. J. Schaefer ADDRESS Milan 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.

MAR 28 1930

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