

WHITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 27 1930

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

Do not use this space.

13274

1. PLACE OF DEATH

County Macon
Township Blount
City Blount (No. 2)

Registration District No. 527
Primary Registration District No. 5703

File No.
Registered No.
St. Ward)

2. FULL NAME J. Calvin Walker

(a) Residence No. St. Ward.
(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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 3 - 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 | 0 | 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School Master
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Laclede
(STATE OR COUNTRY) Mo

10. NAME OF FATHER J. Walker

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

12. MAIDEN NAME OF MOTHER Mary Ann Roberts

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

14. INFORMANT Mrs. Grace Ordway
(Address) Hansen St., Hann

15. FILED 4/30 1930 Dave J. Edwards
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 29 1930

17. I HEREBY CERTIFY, That I attended deceased from April 19, 1930, to April 27, 1930 that I last saw alive on April 10, 1930, and that death occurred, on the date stated above, at 10 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

42A Apoplexy Cerebral
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED Mo
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Phys Exam.
(Signed) K. M. Edwards M. D.
, 19 (Address) Calles 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 Blount County DATE OF BURIAL 5/1/30 19

20. UNDERTAKER D. J. Edwards ADDRESS Blount Co.

