

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

Do not use this space.

23277

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.

PLACE OF DEATH

County Madison Registration District No. 411 File No. _____
 Township Freeman Primary Registration District No. 2002 Registered No. _____
 City Poplarville (No. _____) St. _____ Ward _____

2. FULL NAME

Carl Edward Walkday
 (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 w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 23 - 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
5 5 26

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

9. BIRTHPLACE (CITY OR TOWN) Parsons
 (STATE OR COUNTRY) Kansas

10. NAME OF FATHER Harold Walkday

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

12. MAIDEN NAME OF MOTHER Jannita Woodcock

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

14. INFORMANT Harold Walkday
 (Address) Poplarville, Mo.

15. FILED 7/21 1930 A. Benson Clark
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 19 1930

17. HEREBY CERTIFY, That I attended deceased from July 3, 1930 to July 15, 1930, and that I last saw him alive on July 15, 1930 and that death occurred, on the date stated above, at 12-30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary tuberculosis
2.3 A
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) SI
 (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) Ellsworth Moody, M. D.
7-19-30 (Address) Poplarville, 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 Wanby Mo DATE OF BURIAL 7-20 1930

20. UNDERTAKER Wanby Mo ADDRESS _____

