

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

Do not use this space.

1. PLACE OF DEATH

County Barney Registration District No. 491065- File No. 25652
 Township Gasport Primary Registration District No. 6126 Registered No. 22
 City Barney No. _____ St. _____ Ward _____

2. FULL NAME

Clarence Walker
 (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 Minnie Walker
 (WIFE OF)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
41 1 3

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

9. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

10. NAME OF FATHER Grant Walker

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

12. MAIDEN NAME OF MOTHER Sarah Maple

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

14. INFORMANT Minnie Walker
 (Address) Charwick Mo

15. FILED 7/9 19 21 Barney REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 8 19 30

17. I HEREBY CERTIFY, That I attended deceased from July 7, 1930, to July 9, 1930.
 that I last saw deceased on July 7, 1930, and that death occurred, on the date stated above, at 6 O'clock a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Atherosclerosis
Inflammation of Bowels
 12 OB Do not know (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) Suppression of urine
Do not know (duration) _____ yrs. _____ mos. _____ ds.

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

DID AN OPERATION PRECEDE DEATH? Yes DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physic's report

(Signed) John A. Hanson, M. D.

, 19 30 (Address) Hanson 720

*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 Grant Walker Cemetery DATE OF BURIAL 7/9 19 30

20. UNDERTAKER G. B. Cheffin ADDRESS Ozark, Mo

Op. pneumonia

OCT 26 1956

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Taney
Township Jasper
City (No.)

Registration District No. 1065-
Primary Registration District No. 6133

File No. 39
Registered No.
St. Ward)

2. FULL NAME

Claud Walker

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5 - 1889

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>41</u>	<u>2</u>	<u>3</u>	<u>=</u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Miner
(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER Grant Walker

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

12. MAIDEN NAME OF MOTHER Wesley Mapes

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

14. INFORMANT Minnie Walker
(Address) Chadwick Mo.

15. FILED Aug 5 1930 T. B. Stewart
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 8 1930

17. I HEREBY CERTIFY That I attended deceased from July 7 1930 to July 7 1930 and that I last saw him alive on July 7 1930, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cerebral appendicitis & inflammation of bowels

Do not know (duration) yrs. mos. ds.
CONTRIBUTORY Suppression of urine
(SECONDARY) Do not know (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam.

(Signed) Spier Richmond M. D.

, 19 (Address) Branson 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 DATE OF BURIAL

Walker Cemetery 7/9 1930

20. UNDERTAKER

G. B. Choffin ADDRESS Osark Mo

IS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-25652