OCT 28 1930

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

Do not use this space.

29215

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 1087
City St Joseph (No. St Joseph Hospital St. Ward)

2. FULL NAME John Walker
(a) Residence. No. 914 Douglas 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: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1869

7. AGE: 61 YEARS — MONTHS: Unknown — DAYS: — If LESS than 1 day, ...hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Detroit Michigan

PARENTS
10. NAME OF FATHER: Lafayette Walker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

14. INFORMANT: Lutie Walker
(Address) 914 Douglas

15. FILED SEP 29 1930 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 26 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1930 to Sept. 26, 1930 that I last saw him alive on Sept. 25, 1930, and that death occurred, on the date stated above, at 6:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. Myocarditis with decompensation and Chr. Nephritis
131
93c
132 F
(duration) 1 yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Uremia
(duration) yrs. mos. 2 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? Clinical
(Signed) A H Muench, M. D.
9/28, 1930 (Address) 215 P & S Bldg. St Joseph, 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: Huntsville Mo. — DATE OF BURIAL: 9/29/1930

20. UNDERTAKER: Ramsey Funeral Service — ADDRESS: 9 & Olive St. 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—THIS IS A PERMANENT RECORD