

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

Do not use this space.

DEC 22 1930

36474

1. PLACE OF DEATH

County Jackson
Township Praine
City (No. _____) _____

Registration District No. 400
Primary Registration District No. 555 B

File No. _____
Registered No. 150
St. _____ Ward _____

2. FULL NAME

Jethro Nathaniel Walker
(a) Residence No. J.C. Home 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

single

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

Single

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

9-24-1851

7. AGE

YEARS 79

MONTHS 1

DAYS 28

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Railroad worker
(b) General nature of industry, business, or establishment in which employed (or employer) unknown
(c) Name of employer unknown

9. BIRTHPLACE (CITY OR TOWN)

Alabama

(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

unknown

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

unknown

(STATE OR COUNTRY)

14. INFORMANT

(Address)

J.W. Hostetter
70 J.C. Home

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-12-1930

17.

I HEREBY CERTIFY, That I attended deceased from 11/12/30 to 11-12-1930.
that I last saw him alive on 11/11/30, 1930, and that death occurred, on the date stated above, at 2 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chron gastro enterit

CONTRIBUTORY (SECONDARY)

1206 (duration) yrs. mos. ds. 114B
(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? _____

WHAT TEST CONFIRMED DIAGNOSIS chronic

(Signed) J.W. Greene, M. D.

11/2 1930 (Address) Independence 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

K.C. University Physicians

Dec 7 1930

20. UNDERTAKER

ADDRESS

Ketterlin

K.C. Mo

Dec 22 1930
J.C. Home
K.S. James
REGISTRAR

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.

