WRITE 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.

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

Do not use this space.

39640

File No. 5214

Registered No.

1. PLACE OF DEATH
County Jackson Registration District No.
Township Kaw Primary Registration District No.
City KC Mo (No. Mercy Hosp. St. Ward)

2. FULL NAME ~~Johnie Walker~~ Johna Brant Walker
(a) Residence. No. 1314 Erie St., Ward. No KC Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 8 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 24 1822

7. AGE: Years 8 | Months 1 | Days 4 | If LESS than 1 day, ... hrs. or ... min.

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

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

PARENTS

10. NAME OF FATHER Orin Foster Walker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Fronie Shaw
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Texas
(STATE OR COUNTRY)

14. INFORMANT Orin Foster Walker
(Address) 1314 Erie No KC Mo

15. FILED 12/28/19 30 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/28/30 19

17. I HEREBY CERTIFY, That I attended deceased from 12/20/30, 19, to 12/28/30, 19, that I last saw h. alive on 19, and that death occurred, on the date stated above, at 12:25 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Left Purulent Otitis Media
1080
708
398
Otitis
Acute Hemorrhagic nephritis (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Bilateral Pneumonia
Acute fibrinous pericarditis (duration) yrs. mos. 18 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Home
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Exam Lab + Autopsy
(Signed) W. M. Howard, M. D.
12/28 19 30 (Address) Mercy Hosp

*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: Fort Madison Ia — DATE OF BURIAL: 12/31 1930

20. UNDERTAKER: Morton + Co — ADDRESS: No KC Mo

1930-12-28
1922-11-24
8-1-4