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

Do not use this space.

8890

File No. 319

Registered No.

85

Registration District No.

Primary Registration District No. 1001

1. PLACE OF DEATH
County: Buchanan
Township:
City: St Joseph (No. Mo Meth Hosp. St. Ward)

2. FULL NAME: James W. Walker
(a) Residence, No. Gallatin St., Mo. Ward. Gallatin Mo. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred (X) yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary J. Walker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 27-1870
7. AGE: Years 60 Months 2 Days 28 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Building
10. Date deceased last worked at this occupation (month and year): Mar. 17-1931
11. Total time (years) spent in this occupation: 40 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gallatin Missouri

FATHER
13. NAME: Samuel Walker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

MOTHER
15. MAIDEN NAME: Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): Mrs. Mary Walker. Gallatin
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Gallatin Mo. DATE: 3-27-31
19. UNDERTAKER (ADDRESS): T. G. Hope, Gallatin Mo.
20. FILED: MAR 25 1931, 19 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March-25-1931
22. I HEREBY CERTIFY, That I attended deceased from Mar. 18, 1930, to Mar. 25, 1931
I last saw him alive on Mar. 25, 1931. Death is said to have occurred on the date stated above, at 12 25 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Right lobar pneumonia	3-21-31
Other contributory causes of importance: Strangulated right femoral hernia	3-17-31

108

Name of operation: Herniotomy Date of: 3-18-31
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: 1
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. S. Samuel, M. D.
(Address) St. Joseph 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

11 5 9 1

APR 27 1931