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

Do not use this space.

14828

1. PLACE OF DEATH
County: Linn
Township:
City: Meadville (No. ..... St. ..... Ward)

Registration District No. 703
Primary Registration District No. 1306

File No.
Registered No. 31

2. FULL NAME Joseph T. Walkup

(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 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MAY 25 1931

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 (OR) WIFE OF Josephine Walkup

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feby 27-1850

7. AGE: Years 81 | Months 1 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) July 1-1928
11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gower Mo

FATHER

13. NAME John Walkup
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gower Mo

MOTHER

15. MAIDEN NAME Elizabeth Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Mrs Josephine Walkup (ADDRESS) Meadville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ogden Cemetery DATE Apr 5 1931

19. UNDERTAKER Hunter & Robbins (ADDRESS) Brookfield Mo

20. FILED 4-3 1931 E Allen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3 1931

22. I HEREBY CERTIFY, That I attended deceased from 2-16 1931, to 4-3-1931

I last saw alive on 4-1 1931. Death is said to have occurred on the date stated above, at 1.00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	1930
82A	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury No, 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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E F Weir, M. D.
(Address) Meadville 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