

1 PLACE OF DEATH

County Ralls, MissouriTownship Saline JeffersonVillage —City — (NO. — St. — Ward —)Registration District No. 583Primary Registration District No. 45-781File No. 41627Registered No. —2 FULL NAME John Henry Walkup

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE Widowed
MARRIED
WIDOWED
OR DIVORCED
(Write the word)6 DATE OF BIRTH November 27th 1863
(Month) (Day) (Year)7 AGE 68 yrs. 1 mos. 3 ds.
If LESS than 1 day.....hrs. or.....min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) —9 BIRTHPLACE Monroe Co Missouri
(City or town, State or foreign country)PARENTS
10 NAME OF FATHER John Walkup
11 BIRTHPLACE OF FATHER Kentucky
(City or town, State or foreign country)
12 MAIDEN NAME OF MOTHER Rhoda Jane
13 BIRTHPLACE OF MOTHER Monroe Co Mo.
(City or town, State or foreign country)14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. B. Walkup
(Address) Stoutsville Mo RFD15 Filed Jan 1 1937 W. T. Bell
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 30 1931
(Month) (Day) (Year)17 I HEREBY CERTIFY, that I attended deceased from Dec 29 1931 to Dec 30 1931
that I last saw him alive on Dec 30 1931
and that death occurred, on the date stated above, at 2:30 p.m.The CAUSE OF DEATH* was as follows:
124 Basili nephritis
130
124B
(Duration) 3 yrs. — mos. — ds.CONTRIBUTORY (Secondary) circumstances
any one
(Duration) — yrs. — mos. — ds.
(Signed) J. B. Brown M. D.
Dec 31 1931 (Address) Perryville

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL Stoutsville Semetary DATE OF BURIAL Jan 2nd 193120 UNDERTAKER Wilson + Son ADDRESS Monroe City 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.

States Standard Certificate of Death

Census and American Public Health
Association.]

occupation.—Precise statement of important, so that the relative pursuits can be known. The each and every person, irrespective occupations a single word or term will be sufficient, e. g., *Farmer* or *Composer*, *Architect*, *Locomotive engineer*, *Stationary fireman*, etc. But especially in industrial employments, now (a) the kind of work and also the business or industry, and therefore a line is provided for the latter should be used only when needed. *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Automobile factory*. It may form part of the second return "Laborer," "Foreman," "Clerk," etc., without more precise designation. *Day laborer*, *Farm laborer*, *Laborer*—Women at home, who are engaged in household only (not paid *Housewife* a definite salary), may be entered as *sewwork*, or *At home*, and children, employed, as *At school* or *At home*. Men to report specifically the occupation; engaged in domestic service for *Cook*, *Housemaid*, etc. If the man changed or given up on account USING DEATH, state occupation at death. If retired from business, that stated thus: *Farmer (retired, 6 yrs.)*. If have no occupation whatever,

cause of death.—Name, first, and LASTING DEATH (the primary affection and causation), using always the name for the same disease. Examples: (the only definite synonym is "spinal meningitis"); *Diphtheria (epidemic)*; *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "*Asthenia*," "*Anaemia*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Coma*," "*Convulsions*," "*Debility*" ("*Congenital*," "*Senile*," etc.), "*Dropsy*," "*Exhaustion*," "*Heart failure*," "*Haemorrhage*," "*Inanition*," "*Marasmus*," "*Old age*," "*Shock*," "*Uraemia*," "*Weakness*," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*PUERPERAL septichaemia*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)