

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

Do not use this space.

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.

MAY 23 1932

1. PLACE OF DEATH

County Bary
Township Monett
City Monett (No.)

Registration District No. 30
Primary Registration District No. 3003

File No. 11521
Registered No. St. Ward

2. FULL NAME

Simon Pleasant Walker

(a) Residence, No. 205-7th St., Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clara May Walker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 3, 1864</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>4</u>
	DAYS <u>22</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Car Inspector</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Fire Co</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chapin, Mo., 2 Illinois</u>		
FATHER	13. NAME <u>Hopewell Walker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
MOTHER	15. MAIDEN NAME <u>Mahala Stephen</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
17. INFORMANT (ADDRESS) <u>Milburn Walker Monett Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>2003</u> DATE <u>4-27-32</u>		
19. UNDERTAKER (ADDRESS) <u>Callaway Monett Mo</u>		
20. FILED <u>4-26-1932</u> <u>W. M. West</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 1932

I HEREBY CERTIFY, That I attended deceased from Apr 22 1932 to April 25 1932

I last saw him alive on April 4 1932 Death is said to have occurred on the date stated above, at 5:00 a.m.

The principal cause of death and related causes of importance were as follows:
Apoplexy compli with cerebral hemorrhage

Other contributory causes of importance: 130

Name of operation Autopsy Date of 4-27-32

What test confirmed diagnosis Microscopic Was there an autopsy Yes

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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. M. West M. D.
(Address) Monett, Mo.

