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

Do not use this space.

21859

1. PLACE OF DEATH
4 County Audrain — Registration District No. [illegible] — File No.
Township Saltsiver — Primary Registration District No. 5034 — Registered No. 80
City Mexico Mo. (No. ..... St. ..... Ward)

2. FULL NAME Levi Cassol Walker
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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.

AUG 22 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mae E. Walker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 4 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	64	8	5	

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

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Ill 2

PARENTS
10. NAME OF FATHER Pardley Walker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ill.
12. MAIDEN NAME OF MOTHER Jennie Cannady
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ill.

14. INFORMANT Wm. P. Walker
(Address) Mexico Mo

15. FILED July 11 1932 Ira S. Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 9 1932

17. I HEREBY CERTIFY, That I attended deceased from Nine Years 19 to July 9 1932 that I last saw him alive on 7-9-32 19 and that death occurred, on the date stated above, at 7:30 PM

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary tuberculosis
23A
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) About ten years (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH ..... (1)
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) J. F. Harrison, M. D.
, 19 (Address) Mexico, Mo

*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	DATE OF BURIAL
Union Chapel Audrain Co.	July 11 1932

20. UNDERTAKER	ADDRESS
McPhaster Mor.	Mexico Mo