

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

Do not use this space.

25661

1. PLACE OF DEATH

21 County Chariton Registration District No. 169
 1 Township Missouri Primary Registration District No. 4098
 2 City Brunswick (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 34

2. FULL NAME WILLIAM WALKER

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Missouri

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
about 55 - - -

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gen. Laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Laborer
 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) Brunswick Mo

MOTHER 13. NAME Geo. Walker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brunswick Mo

15. MAIDEN NAME Johanna Donohue

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brunswick Mo

17. INFORMANT Harry Ford

(ADDRESS) Brunswick Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Brunswick DATE Aug 29 1932

19. UNDERTAKER W. W. Wiersma

(ADDRESS) Brunswick Mo

20. FILED Aug 29 1932 Harry E. Tatum Registrar.

✓ MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 28 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1932 to Aug 28 1932
 I last saw him alive on Aug 27 1932 Death is said to have occurred on the date stated above, at 8 A. m.
 The principal cause of death and related causes of importance were as follows:

Chronic parenchymatous nephritis
 Other contributory causes of importance: 131 Syphilis
 131

Name of operation _____ Date of _____
 What test confirmed diagnosis 131 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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Harry E. Tatum M. D.
 (Signed) _____ (Address) Brunswick 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. SEP 22 1932

