

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.

OCT 25 1932

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

Do not use this space.

28791

1. PLACE OF DEATH
 24 County Clay Registration District No. 203
 Township _____ Primary Registration District No. 4122
 8 City Smithville (No. _____) St. _____ Ward _____

2. FULL NAME Willard Hall 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) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-8-1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	77	5	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) 1912 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Co. Mo. 1

FATHER 13. NAME John Walker

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

MOTHER 15. MAIDEN NAME Sarah E. Munn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

17. INFORMANT (ADDRESS) Jno. W. Walker, Platt City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Smithville Mo. DATE 9-27-1932

19. UNDERTAKER (ADDRESS) McLouds Undertaking Co. Smithville Mo.

20. FILED 9-28-1932 E. C. Hill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-26-1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1932, to Sept 26, 1932
 I last saw him alive on Sept 26, 1932—Death is said to have occurred on the date stated above, at 11:10 a.m.
 The principal cause of death and related causes of importance were as follows:
Proximal
Pneumonia
10-11-1932
11-1-1932
 Other contributory causes of importance: _____
Chronic asthma

Date of onset 9/17/32

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) [Signature] M. D.
 (Address) Smithville Mo.

