

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

Do not use this space.

36366

1. PLACE OF DEATH

County Macon

Registration District No. 5-33

Township Macon

Primary Registration District No. 3027

City Macon (No. Walker)

File No. _____

Registered No. 78

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Bobby Walker 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

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-15-1932

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

0

0

12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Infant

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Macon, Mo.

10. NAME OF FATHER

Walter Ely Walker

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Macon Co., Mo.

12. MAIDEN NAME OF MOTHER

Evans DuPauch

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Macon Co., Mo.

14. INFORMANT

(Address)

Walter Ely Walker
Macon, Mo.

15. FILED

12/10 32

Mrs. Luke Hunkle

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-27 1932

17.

I HEREBY CERTIFY, That I attended deceased from _____

_____ 19____, to _____ 19____, that I last saw him alive on _____ 19____ and that death occurred, on the date stated above, at 10 P.M. i.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia

1074

104

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Kate Ross D.D.

, 19 (Address) Macon 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

Kellogg Ave

11/28 1932

20. UNDERTAKER

ADDRESS

Stephens & Gooding Macon, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

St. Cross

12/10/32

(3)

