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

Do not use this space.

5779

1. PLACE OF DEATH

48 County Jackson — Registration District No. 399 — File No.

Township Raw — Primary Registration District No. 1202 — Registered No.

10 City Kansas City (No. Public Place 1st & Lydia St. 831 Ward)

9 2. FULL NAME Ulysses Walker

(a) Residence, No. 1517 Olive 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11, 1909

7. AGE — YEARS 23 — MONTHS 4 — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Com. Laborer
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)
11. Total time (years) spent in this occupation 173

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana

FATHER
13. NAME Beverly Walker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La

MOTHER
15. MAIDEN NAME Fannie Bryant
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La

17. INFORMANT (ADDRESS) Fannie Lewis 1517 Olive

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland DATE 2/13 1933

19. UNDERTAKER (ADDRESS) Watkins Bros. 1729 Lydia

20. FILED 2-13 1933 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/11/33, 19

22. I HEREBY CERTIFY That I attended deceased from Deputy Coroner, 19..., to ..., 19...

I last saw h..... alive on ..., 19..... Death is said to have occurred on the date stated above, at 11 m.

The principal cause of death and related causes of importance were as follows:

Gunshot wounds of head.
Fracture of the skull.

Date of onset

Other contributory causes of importance:

173

Name of operation no Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Homicide Date of injury 2/11 1933
Where did injury occur 1st & Lydia K.C. Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Trauma by Firearms
Nature of injury Wounds & Fractures

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

(Signed) [signature], M.D.
(Address) Deputy Coroner

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.

MARGIN RESERVED FOR BINDING

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