

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.

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

Do not use this space.

8494 A

1. PLACE OF DEATH

9 County Bollinger
Township Jeffers
City _____ (No. _____)

Registration District No. 67
Primary Registration District No. 3706

File No. _____
Registered No. 22
St. _____ Ward _____

2. FULL NAME

Clide Linnard 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 22 - 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
5 4 7

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 _____

9. BIRTHPLACE (CITY OR TOWN) near Lutesville
(STATE OR COUNTRY) Bollinger Co. MO

10. NAME OF FATHER Lewis A. Walker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) MO
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Fannie Aldrich

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) MO
(STATE OR COUNTRY) _____

14. INFORMANT Lewis Walker
(Address) _____

15. FILED 7/7 19 33 Col. Sanders
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 29 19 33

17. I HEREBY CERTIFY, That I attended deceased from Feb 24 19 33 to March 29 19 33
that I last saw him alive on March 21 19 33, and that death occurred, on the date stated above, at 12:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gangrene of left chest
caused by blood clot
95 B

CONTRIBUTORY (SECONDARY) V

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) J. W. Amburg M. D.

(Address) Lutesville 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 Plainview Church DATE OF BURIAL March 30 19 33

20. UNDERTAKER None ADDRESS _____

