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.

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

Do not use this space.

11159

File No. 2201

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St Louis Mo (No. 2810 Stodard St ..... St. ..... Ward)

2. FULL NAME Raymond Walker

(a) Residence, No. 2810 Stodard St. St., 21 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: C

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/30/1932

7. AGE: Years ..... Months 7 Days 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

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 .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo.

FATHER

13. NAME Comer Walker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenville Miss

MOTHER

15. MAIDEN NAME Clara William

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis Tenn

17. INFORMANT (ADDRESS) 2810 Stodard St L. Walker

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cemetery DATE 3/6 1933

19. UNDERTAKER (ADDRESS) Pope Coughlin 2747 Easton Ave

20. FILED MAR -6 1933 Guy C. Hamer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-4 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-1, 1933 to 3-4, 1933

I last saw him alive on 3-4, 1933 Death is said to have occurred on the date stated above, at 2 A.M.

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

	Date of onset
Bronchial Pneumonia	about 2-28
Primary	
107 A	
106 C	

Other contributory causes of importance: Bronchitis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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) W. P. Williams, M. D.

(Address) 823-4 N. 16