MAY 22 1933

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

Do not use this space.

12335

1. PLACE OF DEATH
7 County Bates — Registration District No. 54 — File No.
7 Township Rockville — Primary Registration District No. 4032 — Registered No.
City Rockville (No. ..... St. ..... Ward)
1

2. FULL NAME Charles Walker

(a) Residence. No. ..... 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 15, 1848

7. AGE: Years 84 — Months 8 — Days 11 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) 3 Mi. South Sherfield
(STATE OR COUNTRY) Hancock Illinois

PARENTS
10. NAME OF FATHER Henry Walker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) New York
12. MAIDEN NAME OF MOTHER Mary V Lincoln
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mary A. Meyer
(STATE OR COUNTRY) New York, Allegany county

14. INFORMANT Mary A. Meyer
(Address) Rockville, Mo.

15. FILED Apr 7 1933 Mrs. A. B. Freeman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 26 1933

17. I HEREBY CERTIFY, That I attended deceased from Apr. 13, 1933, to Apr. 22, 1933 that I last saw him alive on Apr. 13, 1933, and that death occurred, on the date stated above, at 3 o'clock p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
organic heart disease
incoagulate (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Age
(duration) yrs. mos. ds.

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) A. B. Freeman, M. D.
, 19 (Address) Rockville, 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: Round Prairie Cem — DATE OF BURIAL: Apr. 28 1933

20. UNDERTAKER: R. R. Kenney — ADDRESS: Appleton City, Mo.

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.