

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

Do not use this space.

1. PLACE OF DEATH

20 County Cedar
Township Box
City (No)

Registration District No. 163
Primary Registration District No. 5228

File No. 15959
Registered No. 32
St. Ward)

2. FULL NAME

Joseph John Walker

(a) Residence, No. St. Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) <u>single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 22 1933</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
		<u>1</u>	<u>10</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>infant</u>			
	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) <u>Cedar Co mo</u>				
FATHER	13. NAME <u>George Walker</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Godsboro Neb.</u>			
MOTHER	15. MAIDEN NAME <u>Clinaur Furston</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>			
17. INFORMANT <u>Geo Walker</u> (ADDRESS) <u>RD 4 Eldorado Sp mo</u>				
18. BURIAL, CREMATION, OR REMOVAL: PLACE <u>Hazel Hill</u> DATE <u>May 4 1933</u>				
19. UNDERTAKER <u>Carolyn Natus</u> (ADDRESS) <u>266 S Main Eldorado Sp mo</u>				
20. FILED <u>5-4-</u> 1933 <u>J.W. Dawson</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at..... m.
The principal cause of death and related causes of importance were as follows:
Died from Natural Cause with Dr. Medical attendance
Date of onset

Other contributory causes of importance:
Small

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

Where did injury occur?

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) Melvin Churew Comee
(Address) St. Charles 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.

JUN 21 1933

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