

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

Do not use this space.

29485

1. PLACE OF DEATH
County Howell
Township 4
City Willow Springs, Mo. No. 6

Registration District No. 385
Primary Registration District No. 4228

File No. _____
Registered No. 19
St. _____ Ward L

2. FULL NAME Andy Walker
(a) Residence, No. Assumption, Ill. St. _____ Ward _____
(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. (If nonresident, give city or town and State)

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 XXXXX

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) not known

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19. X X

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. not known
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 207F
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 207U

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

FATHER 13. NAME E. L. Walker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) II II

17. INFORMANT Andy Walker
(ADDRESS) Assumption, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE WANA Pana, Ill. DATE 9/23/33

19. UNDERTAKER W B Burns
(ADDRESS) Willow Springs Mo.

20. FILED 9-23-33 J. C. Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 21, 1933, to September 22, 1933
I last saw him alive on September 22, 1933. Death is said to have occurred on the date stated above, at 12:00 a.m.

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

Accidentally fell off moving freight trolley and was thrown on track under train. He lived about 3 hrs after the accident. Both legs severed near the body.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes, (violence), fill in also the following:
Accident, suicide, or homicide accident Date of injury 9-21-33
Where did injury occur? Willow Springs, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Railroad yards - Willow Springs Mo.
Manner of injury Fell off moving freight train
Nature of injury Both legs completely severed

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____ (Address) J. C. Davis, M. D.
Willow Springs, 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.

20 11/11/33

