

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

*A. Hoover*  
Do not use this space.  
**32767**

1. PLACE OF DEATH  
 County Greene Registration District No. 318  
 Township Springfield Primary Registration District No. 2001  
 City Springfield (No. 1309 E Mill) Registered No. 719 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Herman Walker  
 (a) Residence, No. 1309 E Mill 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 M 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) Nov 13-1923

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>9</u>	<u>10</u>	<u>12</u>	<u>27</u>	

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. Student

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) Omaha, Nebr.

MOTHER FATHER

13. NAME William T. Walker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wheaton, Mo.

MOTHER

15. MAIDEN NAME Margaret Bennett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marionville, Mo.

17. INFORMANT (ADDRESS) Max Cass Retterman, 1309 E. Mill

18. BURIAL, CREMATION, OR REMOVAL PLACE Spauld No DATE 10/13/33

19. UNDERTAKER (ADDRESS) Herman K. Heineman, Springfield, Mo.

20. FILED 10-12-33 1933 Ralph W. Langston Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 9 - 1933 to Oct. 10, 1933  
 I last saw her alive on Oct. 9 - 1933 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:  
59  
acidosis of hyperglycemia 2 days  
caused from  
Diabetes Mellitus ?  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical Was there an autopsy? no

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? no  
 If so, specify Arthur S. Knabb, M. D.  
 (Signed) \_\_\_\_\_ (Address) 450 1/2 E. Canal St

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.

NOV 10 1933

