

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

Do not use this space.

**1. PLACE OF DEATH**

County Platte  
Township May  
City 7 (No. \_\_\_\_\_)

Registration District No. 696  
Primary Registration District No. 5928

File No. 17723  
Registered No. 20  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Mary Chiswick Walker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 16, 1857</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>4</u>
	DAYS <u>5</u>	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. <u>Tanner</u>	
	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 County Missouri</u>		
FATHER	13. NAME <u>John Walker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jennett</u>	
MOTHER	15. MAIDEN NAME <u>Mary Jane Mann</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>	
17. INFORMANT <u>V. J. Walker</u> (ADDRESS) <u>Smithville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>I. O. F. Cem.</u> DATE <u>May 23</u> 19 <u>34</u>		
19. UNDERTAKER <u>S. A. McComas</u> (ADDRESS) <u>Smithville, Mo.</u>		
20. FILED <u>May 23, 1934</u> <u>Mrs. F. K. Murray</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1934, to May 21 1934  
I last saw him alive on May 19 1934. Death is said to have occurred on the date stated above, at 3:00 P.M.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of Bladder Date of onset \_\_\_\_\_

Other contributory causes of importance: 51B 51

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? None 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 \_\_\_\_\_  
(Signed) F. J. Thompson, M. D.  
(Address) Fortville

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 25 1934

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