Walker

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH 93
County St Clair
Township appleton
City
Registration District No. 761
Primary Registration District No. ~~4456~~ 6
(No. 600 St. Ward)

File No. 17858
Registered No.

2. FULL NAME James A. Walker
(a) Residence, No. 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 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) Sirrilda Walker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 12-1861

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
72	5	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Winston Salem N. C.

FATHER
13. NAME James A. Walker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER
15. MAIDEN NAME Mary Hester
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) O. C. Walker appleton City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE appleton City DATE May 10 1934

19. UNDERTAKER (ADDRESS) R. R. Kenney appleton City Mo

20. FILED May 10, 1934 R. R. Kenney Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1933, to May 8, 1933
I last saw him alive on May 8, 1933. Death is said to have occurred on the date stated above, at 2 30 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chr.	
93C	
102	

Other contributory causes of importance: Essential Hypertension

Name of operation Date of
What test confirmed diagnosis? 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) W. H. Elliott, M. D.
(Address) appleton City Mo

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.