

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.

JUL 10 1934

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

Do not use this space.

1. PLACE OF DEATH

County Chariton
Township Brunswick
City Brunswick No. _____

Registration District No. 169
Primary Registration District No. 5235

File No. 19801
Registered No. 23
St. _____ Ward _____

2. FULL NAME EDWARD 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 Rosa Walker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3-1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
58 5 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

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) Chariton Co. Mo.

13. NAME P. G. Walker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jellicais

15. MAIDEN NAME Martha Foster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Harry Walker

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Brunswick Mo June 8 1934

19. UNDERTAKER (ADDRESS) L. W. W. W. Mo

20. FILED June 7 1934 Harry E. Sutton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1934, to June 6 1934

I last saw him alive on June 4 1934 Death is said to have occurred on the date stated above, at 3 P. M.

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

Pulmonary tuber - Date of onset _____
calosis _____
In Mt Vernon 1 1/2 - _____
At home 6 mos. _____

Other contributory causes of importance: _____

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? _____ 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? _____

If so, specify _____

(Signed) Harry E. Sutton, M. D.

(Address) Brunswick, Mo.

