DEC 27 [illegible]

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

Do not use this space.

File No. 29881

Registered No. 31

1. PLACE OF DEATH

County Clinton — Registration District No. 207

Township — Primary Registration District No. 4125

City Plattsburg (No. ..... St. ..... Ward)

2. FULL NAME Squire Walker

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	Black	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Maud Walker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1885

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
48	10	9	

OCCUPATION

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.

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) Clinton County Mo.

FATHER

13. NAME John Walker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay County Mo.

MOTHER

15. MAIDEN NAME Hattie Moore

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

17. INFORMANT Maud Walker
(ADDRESS) Plattsburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE near Mecca Mo. DATE 11-7 1934

19. UNDERTAKER Nelson-O'Brien
(ADDRESS) Plattsburg, Mo.

20. FILED 11/7 1934 C.C. Chastain Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1932, to Nov. 4, 1934

I last saw h. alive on Nov. 4, 1934. Death is said to have occurred on the date stated above, at 11:15 a.m.

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

	Date of onset
Hypertrofic Cirrhosis Liver	1932
Acute nephritis	Nov 2 '34
1 2 3	
1 3 0	

Other contributory causes of importance: 12461

Name of operation None Date of

What test confirmed diagnosis? autopsy Was there an autopsy? yes

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. B. Shalgus, M. D.
(Address) Plattsburg 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.

12 30

1934 - 2 - 4

11 - 2 - 12

1922 - 11 - 22

12 30

1934 - 2 - 4

1922 - 2 - 12

11 - 11 - 22