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.

DEC 18 1934

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

Do not use this space.

39946

1. PLACE OF DEATH

5 County Lewis — Registration District No. 481 — File No. 4

Township La Belle — Primary Registration District No. 5643B — Registered No. 14

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

2. FULL NAME John Will 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 30 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) |
|---|---|---|
| Male | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Addie M. Spidle, Walker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7, 1861

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 73 | | 16 | |

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) Lewis Co. Mo.

FATHER

13. NAME Joseph Walker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indianapolis, Ind.

MOTHER

15. MAIDEN NAME Martha Snodgrass

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

17. INFORMANT (ADDRESS) Mrs Addie Walker Lewistown, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Deer Ridge Cemetary DATE Nov. 25, 1934, 19

19. UNDERTAKER (ADDRESS) James A Coder Lewistown, Mo.

20. FILED Nov 24, 1934 James A Coder Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23rd, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 1933, to Nov. 23rd, 1934

I last saw him alive on Nov. 21st, 1934 Death is said to have occurred on the date stated above, at 3 a. m.

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

Cardio-Vascular Renal disease — Date of onset 1932

131

Other contributory causes of importance: Heart failure

Name of operation None. Date of .....

What test confirmed diagnosis? Impressed 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?

If so, specify

(Signed) A H Leonard, M. D.

(Address) La Belle Mo.