

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.

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

JAN 14 1935

Do not use this space.

41941

1. PLACE OF DEATH

County Doolinger

Registration District No. 698

Township Wayne

Primary Registration District No. 698

City Cora Walker (No.)

File No. 23

Registered No.

St. Ward

2. FULL NAME

(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 M

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 W. W. Walker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17 1879

7. AGE

YEARS 55

MONTHS 4

DAYS 23

If LESS than
day, ... hrs.
or min.

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

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

10. Date deceased last worked at
this occupation (month and
year) Nov 3 1934

11. Total time (years)
spent in this
occupation 31 yrs

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky

13. NAME W. P. Barnes

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

15. MAIDEN NAME Mary E. Setton

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

17. INFORMANT
(ADDRESS) Asier Hardesty

18. BURIAL, CREMATION, OR REMOVAL

PLACED in

DATE 12-12

19. UNDERTAKER
(ADDRESS) Andy Corbin

20. FILED 12-11

1935

FILED

1935

FILED

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10 1934

22. I HEREBY CERTIFY, That I attended deceased from
Dec 8 1934 to Dec 10 1934

I last saw him alive on Dec 9 1934 Death is said

to have occurred on the date stated above, at m.

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

Date of onset

Lobar Pneumonia

Other contributory causes of importance:

Name of operation 108 Date of 10/10

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) A. V. Kirkpatrick M. D.

(Address)

