

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

Do not use this space.

41944

16

1. PLACE OF DEATH

County Bollinger
Township Waynes
City _____ (No. _____)

Registration District No. 69
Primary Registration District No. 108

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

William Amos 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Matie May Walker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 25-1862</u>		
7. AGE <u>72</u>	YEARS <u>9</u>	MONTHS <u>14</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		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) <u>9-30</u>		11. Total time (years) spent in this occupation <u>52 yrs</u>

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1925, to Dec, 1934

I last saw him alive on Nov 19, 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:

Tuberculosis of Lungs

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) A. T. Kerppatrick, M. D.
(Address) Galena, Mo.

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>
	13. NAME <u>Robert Walker</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>
	15. MAIDEN NAME <u>Charasay Simmons</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>
	17. INFORMANT <u>Matie May Walker</u>
	18. BURIAL, CREMATION, OR REMOVAL <u>Buried</u>
	19. UNDERTAKER <u>Edie Burroughs</u>
20. FILED <u>12-20-34</u> <u>A. T. Kerppatrick</u> Registrar	

