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

MAR 26 1935

Do not use this space.

5916

1. PLACE OF DEATH
County Lawrence — Registration District No. 470 — File No.
Township Mt Vernon — Primary Registration District No. 5633 — Registered No. 24
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Daniel Hicks 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 12 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: Louise Walker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 19 1871

7. AGE: YEARS 63 — MONTHS 10 — DAYS 3 — If LESS than 1 day, ... hrs. or ..... min.

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): Craig Co. Okla

FATHER
13. NAME: Geo. Walker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER
15. MAIDEN NAME: Jane Hurlow
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lawrence Co. Mo.

17. INFORMANT (ADDRESS): Mrs. D. H. Walker, Mt Vernon Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Summitt DATE Feb 24 1935

19. UNDERTAKER (ADDRESS): Phillips & Fossett, Mt Vernon Mo.

20. FILED Feb 23 1935 P. A. Holmes, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1935, to Feb 22, 1935
I last saw him alive on Feb 22, 1935. Death is said to have occurred on the date stated above, at 9:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	Feb 21
94 B	

Other contributory causes of importance: Cardiac failure

Name of operation: none — Date of
What test confirmed diagnosis? Clinical — 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? no
If so, specify
(Signed) Don J Silsby, M. D.
(Address) Mt Vernon, 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.