

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.

JUL 22 1935

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

Do not use this space.

19907
 2552

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Frank Primary Registration District No. 1002
 City K.C. Mo (No. Seil Hoop # 2) St. _____ Ward _____
2. FULL NAME Henry Walker
 (a) Residence, No. Unknown 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 Male **4. COLOR OR RACE** Negro **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
about 63
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Laborer
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) Don't know
13. NAME Don't know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
15. MAIDEN NAME Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
17. INFORMANT County Coroner's Record
 (ADDRESS) K.C. Mo.
18. BURIAL, CREMATION, OR REMOVAL Blue Ridge Lawn K.C. Mo 6-24-35
 (ADDRESS) DATE
19. UNDERTAKER Flynn + Greenstreet
 (ADDRESS) K.C. Mo.
20. FILED 6-22 1935 W. M. Coyne
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/19/35
 I HEREBY CERTIFY that Henry Walker died on _____, 19____, at _____, 19____, at _____, 19____.
 I last saw him on _____, 19____. 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:
Amputated wound of the abdomen with peritonitis
 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 _____
 Where did injury occur _____
 Specify whether injury occurred in highway, 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) _____, M. D.
 (Address) _____

