

AUG 9 1935

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003** File No. **24831**
City **St. Louis** (No. **Missouri Baptist Hospital**) Registered No. **6264** Ward)

2. FULL NAME

Henry Ruby Walker
(a) Residence, No. **6431 Cates Ave** St., **NK** Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Nina Walker**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **About 1962**
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **About 73**

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Retired**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Farmer**
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) **Pleasant Green Missouri**

MOTHER FATHER 13. NAME **Anthony Walker**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Pleasant Green Missouri**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **J. B. Bushyhead 6431 Cates Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **Pleasant Green Mo July 23, 1935**

19. UNDERTAKER (ADDRESS) **C. R. Rypstone Sons 4449 Olive Street**

20. FILED **JUL 22 1935** **J. A. Bredeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 20th 1935**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 3 1930** to **July 20 1935**
I last saw him alive on **July 20, 1935**. Death is said to have occurred on the date stated above, at **7:00** a.m.

The principal cause of death and related causes of importance were as follows:
Bronchitis
Pneumonia
107
Date of onset **1/69 1935**

Other contributory causes of importance: **Arteriosclerosis**

Name of operation **none** Date of **Autopsy**
What test confirmed diagnosis? **Autopsy** as there an autopsy? **Yes**

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) **J. H. Hayer** M. D.
(Address) **1800 Olive Street No**

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.

WRITE PLAINLY, WITH UNFAILING INK—THIS IS A PERMANENT RECORD

1131

018th Olive
11-1 A.M. - 3-5 P.M.
Ce 8488

Ev 9031