

DEC 21 1935

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

Do not use this space.

1. PLACE OF DEATH

County Pike
Township Spencer
City (No.)

Registration District No. 686
Primary Registration District No. 5913

File No. 36980
Registered No. 18
St. Ward

2. FULL NAME

John Lilden Walker
(a) Residence, No. St. Ward.
(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. (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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Myrtle Walker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8 1875
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 5 26

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 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery County13. NAME George L. Walker14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia15. MAIDEN NAME Dartheula D. Maupin16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia17. INFORMANT (ADDRESS) Mrs John Walker18. BURIAL, CREMATION, OR REMOVAL Webbsville Mo DATE Nov 6 193519. UNDERTAKER (ADDRESS) W.S. Waters Vandalia20. FILED Nov 6 1935 Mrs Gene Hendrix Registrar

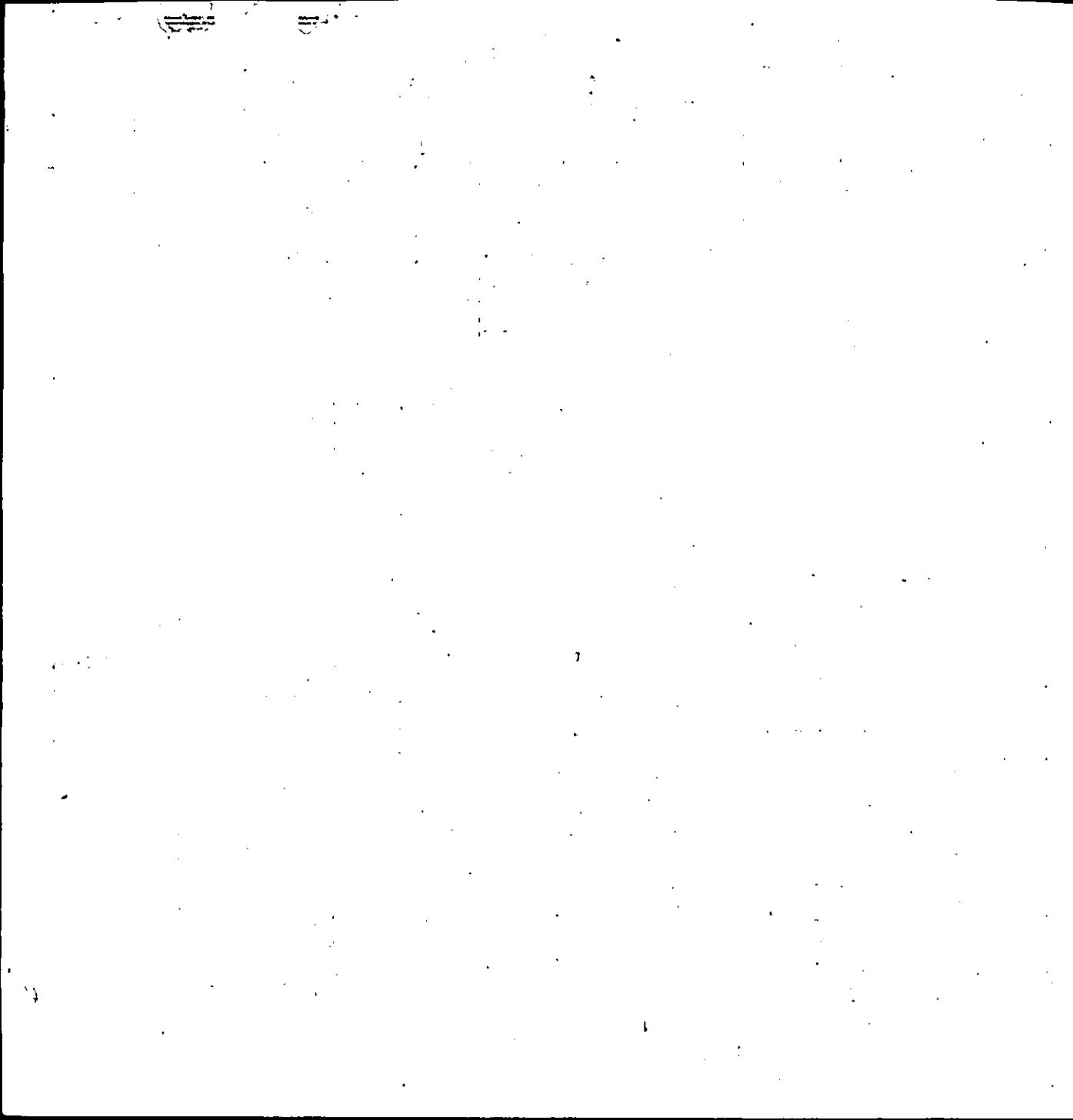
MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4 (4:20 P.M.) 1935

22. I HEREBY CERTIFY That I attended deceased from May 13, 1934, to Nov 4, 1935
I last saw him alive on November 4, 1935. Death is said to have occurred on the date stated above, at 4:20 P.M.
The principal cause of death and related causes of importance were as follows:

Uremia
Cardio Renal Disease
Date of onset 29 years

Other contributory causes of importance: Name of operation Date of
What test confirmed diagnosis? Urea Was there an autopsy? Yes23. 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) Phyllis Alfred, M. D.
(Address) Vandalia Mo



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY

1. PLACE OF DEATH

County Pike Registration District No. 686
 Township Spencer Primary Registration District No. 5913
 City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

John Silden 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

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8 1908

7. AGE YEARS 60 MONTHS 5 If ESS (hours) _____ ds. _____ hr. _____ or _____ min.

8. Trade, profession, or particular kind of work done, as printer, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, saw mill, bank, etc.

10. Date deceased last worked at occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19____

19. UNDERTAKER (ADDRESS)

20. FILED 19____ Mrs. Gene Hendrix Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h_____ alive 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:

Uremia
131
 Date of onset _____
 Other contributory causes of importance:
Chronic Interstitial Nephritis
Chronic Cardiac Hypertrophy
Arterial Hypertension

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) P. J. Alfred _____, M. D.
 (Address) Vandalia Mo

SUPPLEMENTAL

S-36980