

JUN 23 1936

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

Do not use this space.

21580

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
Township Grandlev Primary Registration District No. 6248B
City Koch, Mo (No. Koch, Hospital) St. _____ Ward _____

2. FULL NAME

Edison Walker
(a) Residence, No. 1622 Glasgow St., _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 5 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-18-1909

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
27 2 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Beef Canner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Packing
10. Date deceased last worked at this occupation (month and year) Sept. 34 11. Total time (years) spent in this occupation 1

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

13. NAME unknown

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) Robt. Koch Hosp.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wash PK DATE June 3 1936

19. UNDERTAKER (ADDRESS) Pope, Hud, Co
2931 Lucas

20. FILED June 3 1936 J. Murray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-31-1936

22. I HEREBY CERTIFY, That I attended deceased from 7-1- 1935, to 5-31, 1936
I last saw h. alive on 5-30- 1936 Death is said to have occurred on the date stated above, at 2:00 A.M.

The principal cause of death and related causes of importance were as follows:

Chn. Pul TB FA. Date of onset 1934

Other contributory causes of importance None

Name of operation _____ Date of _____
What test confirmed diagnosis? Sputum H. Ray 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? None
If so, specify _____
(Signed) D. H. Juniper, M. D.
(Address) Koch, 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.

