

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1217 Tower  
Hootless

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

Do not use this space.

22013

1. PLACE OF DEATH

County Buchanan

Registration District No. 35

Township

Primary Registration District No. 100

City St. Joseph (No. St. Joseph Hoop)

File No. \_\_\_\_\_

Registered No. 776

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Joseph Charles Walker

(a) Residence, No. 501 Virginia 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 OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31-1892

7. AGE YEARS 43 MONTHS 7 DAYS 2 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. PWA

10. Date deceased last worked at this occupation (month and year) May 28-36 11. Total time (years) spent in this occupation \_\_\_\_\_

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

13. NAME Joseph Walker

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

15. MAIDEN NAME Mannie Gardner

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

17. INFORMANT Celeste Walker (ADDRESS) 501 Virginia

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel Cem DATE 6-5-36

19. UNDERTAKER Bury - Dwyer (ADDRESS) 2218 So 10

20. FILED 75 1936 J. A. Neethus Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1936, to June 3, 1936

I last saw him alive on June 3, 1936. Death is said to have occurred on the date stated above, at Platteburg.

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

Acute generalized peritonitis  
Suppurative appendicitis

Date of onset 5-31-36  
5-31-36

Other contributory causes of importance \_\_\_\_\_

Name of operation Appendectomy Date of 5-31-36

What test confirmed diagnosis? Lab. 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) Cabray Worley, M. D.

(Address) 731 Farrah St. St. Joseph, Mo.

V. 3. NO. 2  
DOM-1-20-36  
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