

SEP 21 1936 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

22541-2

1. PLACE OF DEATH

County Lancaster Registration District No. 813  
Township Miller Primary Registration District No. 5432  
City McFall (No. ...., St. ...., Ward)

File No. ....  
Registered No. ....

2. FULL NAME

William Ross 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-18-1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
48 46 10 21

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.

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

13. NAME J. G. Walker

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

15. MAIDEN NAME Mary R. Hooper

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

17. INFORMANT D. O. Walker (ADDRESS) McFall Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE McFall DATE 6-10-36 19

19. UNDERTAKER Ed Wagner (ADDRESS) Patterson Mo

20. FILED 5-11 1936 W. G. Querry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1936, to June 9, 1936

I last saw him alive on June 9, 1936. Death is said

to have occurred on the date stated above, at 12:55 AM.

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

Unavoidable accidental death by Wabash train # 92 at McFall, Mo

Date of onset

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? accident Date of injury 6/8, 1936

Where did injury occur? McFall, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Wabash railroad tracks

Manner of injury hit by white passenger train

Nature of injury Body crushed fully

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. J. Gray, Governor

(Address) McFall, Mo.

WRITE PERMANENT, 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.

