

OCT 21 1936

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

Do not use this space.

26047-3

## 1. PLACE OF DEATH

County

Raymond

Registration District No.

230

Township

Benton

Primary Registration District No.

5312

City

Leahey

(No.)

File No.

Registered No.

St.

Ward

## 2. FULL NAME

Arville Walker

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Divorced

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

Ruby Walker

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

Sept 11-1905

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

30

10

12

OCCUPATION

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

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

Metal Polisher

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)

Franklin Co Mo

13. NAME

Mild R. Walker

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

Jackson Co Mo

15. MAIDEN NAME

Lillian Britton

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

Benton Co Mo

17. INFORMANT (ADDRESS)

Mabel L. Lee  
Leahey Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Hibler Co

DATE

7/26-1936

19. UNDERTAKER (ADDRESS)

F. J. A. Sperry  
Shelville Mo

20. FILED

Aug 15 1936

F. J. A. Sperry  
Registrar

## MEDICAL CERTIFICATE OF DEATH

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

7/23-1936

22. I HEREBY CERTIFY, That I attended deceased from

May 3 1936 to July 23 1936

I last saw him alive on July 23 1936 Death is said to have occurred on the date stated above, at 3:30 p. m.

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

Pulmonary  
Tuberculosis

Date of onset

Other contributory causes of importance:

23

Name of operation

None

Date of

What test confirmed diagnosis? Clinical 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?

If so, specify

(Signed) Gustavus G. A. Sperry M. D.

(Address)

Leahey Mo

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