

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

Do not use this space.

AUG 24 1936

26589

1. PLACE OF DEATH

County Jackson Registration District No. 300

Township _____ Primary Registration District No. _____

City Kansas City (No. Wheatley Provident Hospital) Registered No. 3259 (Ward)

2. FULL NAME

(a) Residence, No. John W. Walker _____ 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 <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah Walker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE	YEARS <u>55</u>	MONTHS _____
	DAYS _____	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Janitor</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Frisco R.R. Co.</u>
	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) Miss.

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Sarah Walker (ADDRESS) 1026 New Jersey

18. BURIAL, CREMATION, OR REMOVAL PLACE Westlawn DATE July 13 1936

19. UNDERTAKER Nathan W. Thatcher (ADDRESS) 1520 N. 3rd St.

20. FILED 7-13 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Deputy Coroner 1936

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:

Compression fracture of 7th Cervical vertebra
7/3/36
 Date of onset _____

Other contributory causes of importance:

Compression of spinal column
Hemorrhage of cord

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide Accident Date of injury 7-2-36

Where did injury occur? Kansas City, Kansas

(Specify city or town, county, and State)

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

Manner of injury Fall from window

Nature of injury Deep laceration of brain

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Dr. Olesander M.D.

(Address) 1512 N. 5th St. S. C. K.

Dep. Coroner

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.

