

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.

OCT 21 1936

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

Do not use this space.

30349

1. PLACE OF DEATH

County Cole Registration District No. 213
Township _____ Primary Registration District No. 3114
City Jefferson City, Mo. No. St. Mary Hosp. St. _____ Ward _____

File No. _____
Registered No. 262

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward Belle Mo.
(Usual place of abode)
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.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 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) May 21, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 2 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Belle Mo.

FATHER 13. NAME Wm. Buell Walker

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

MOTHER 15. MAIDEN NAME Ruby Florence Shadley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) College Hill, Mo.

17. INFORMANT (ADDRESS) Mrs. Mary Walker Belle Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Cem. DATE Aug 19, 1936

19. UNDERTAKER (ADDRESS) S. G. Liklider Belle Mo.

20. FILED 9/12/1936 W. Bradford M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1936, to Aug 18, 1936
I last saw him alive on Aug 17, 1936 Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

Peritonitis
1574
Other contributory causes of importance:

Pyloic Stenosis
Name of operation Clinical Date of _____
What test confirmed diagnosis? _____ 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) W. Bradford, M. D.
(Address) Jeff. City Mo.

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