

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

Do not use this space.

DEC 8 1936

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1. PLACE OF DEATH

County Pettis Registration District No. 668
Township _____ Primary Registration District No. 3032
City Sedalia (No. _____, _____ St. _____ Ward _____)

File No. 332331
Registered No. 668

2. FULL NAME Robert Howard Walker

(a) Residence, No. 400 East Harvay 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 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) July 18, 1936
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 4 3

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. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

FATHER 13. NAME W.C. Walker

14. BIRTHPLACE (CITY OR TOWN) Pettis County (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Daisy Spires

16. BIRTHPLACE (CITY OR TOWN) Pettis County (STATE OR COUNTRY) Mo.

17. INFORMANT W.C. Walker (ADDRESS) 400 East Hardin, Sedalia, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopewell DATE Nov. 22 1936

19. UNDERTAKER Duane Ewing (ADDRESS) Sedalia

20. FILED Nov 22, 1936 John Shuck Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1936, to Nov 21 1936.
I last saw him alive on Nov 21 1936 Death is said to have occurred on the date stated above, at 7:10 p. m.

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

Enterocolitis Date of onset Nov 1

Other contributory causes of importance: Mastercolitis no

Name of operation _____ 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? no
If so, specify _____
(Signed) A. K. Walter, M. D.
(Address) Sedalia Mo.

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.

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