WHITE 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.

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

JAN 10 1937

Do not use this space.

46775

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

File No. .....

Registered No. 12596

City St. Louis, Mo. (No. U.S. Marine Hospital, 3640 Marine St. 10 Ward)

2. FULL NAME William F. Walker

(a) Residence, No. 1310-A. Hebert St., 26 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 61 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18, 1875

7. AGE: 61 YEARS | MONTHS: 1 | DAYS: 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Sept. 5, 1936

11. Total time (years) spent in this occupation Unknown

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

FATHER

13. NAME Thomas Walker

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

MOTHER

15. MAIDEN NAME Sarah McDonald

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

17. INFORMANT (ADDRESS) Hospital Records, U.S. Marine Hospital, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calary DATE Dec 24 1936

19. UNDERTAKER (ADDRESS) A. W. McLaughlin 2301 Lafayette

20. FILED ..... 19 ..... J. A. Bredeck Registrar.

DEC 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 22, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1936, 19 ..., to Dec. 22, 1936, 19 ...

I last saw him alive on Dec. 22, 1936, 19 ... Death is said to have occurred on the date stated above, at 2 A.M.

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

	Date of onset
Abscesses of liver.	Unknown.
cause unknown	
1256	

Other contributory causes of importance:

Tumor of sigmoid and transverse colon. Type undetermined. Oct. 1, 1936

Name of operation No Date of From history.

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes 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) J. T. Deloughery, A.A. Surg. USPHS, M.D.

(Address) U.S. Marine Hospital, St. Louis, Mo.