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.

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

AUG 21 1936

Do not use this space.

File No. 48629

Registered No. 49

1. PLACE OF DEATH

County Lawrence — Registration District No. 467

Township Lawrence — Primary Registration District No. 4280

City Aurora (No. ..., ... St. ... Ward)

2. FULL NAME Stilbert

(a) Residence, No. ... 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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8, 1936

7. AGE — YEARS: Stilbert — 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. —

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) Aurora, Mo.

FATHER

13. NAME Leon A. Walker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co. Mo

MOTHER

15. MAIDEN NAME Ora M. Garrison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co. Mo.

17. INFORMANT (ADDRESS) Leon A. Walker, Aurora, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Park Cemetery DATE 7-8, 1936

19. UNDERTAKER (ADDRESS) Buried by Parent

20. FILED 7-8, 1936 R D Conway
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Not known, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw him alive on Stilbert, 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:

	Date of onset
Not known	Not known

Other contributory causes of importance:

Not known

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) J. Hill Smith, M. D.
(Address) Aurora, Mo.