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

Do not use this space.

APR 19 1937

File No. 11807

1. PLACE OF DEATH
County Franklin
Township Calvey
City Robertsville Mo (No. ..... St. ..... Ward)
Registration District No. 298 5418
Primary Registration District No. 5418
Registered No. .....

2. FULL NAME Henry Walker

(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 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	Colored	Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Florence Walker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-14-1863

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
74	0	2 V	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer -
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) Feb 1937 — 11. Total time (years) spent in this occupation Life

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

FATHER
13. NAME Henry Walker Sr -
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mont Ceau.

MOTHER
15. MAIDEN NAME Mont - Ceau.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mont Ceau

17. INFORMANT Eugene Fleming (ADDRESS) Robertsville

18. BURIAL, CREMATION, OR REMOVAL PLACE Roberts Ville DATE 4/13 1937

19. UNDERTAKER Family (ADDRESS) Robertsville Mo

20. FILED Apr 7 1937 W. H. Duckworth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/11 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/9 1937, to 3/11 1937
I last saw him alive on 3/10 1937. Death is said to have occurred on the date stated above, at 1045 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
2 Bronchial Pneumonia	
Other contributory causes of importance:	

Name of operation None Date of None
What test confirmed diagnosis? Clinical 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) W. E. Mitchell, M. D.
(Address) Dr. Clair

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.

1. PLA
(a)
(b)
2
3. SE
5A. IF
6
7. A
DUPLICATE
9. BI
17. INI
18. DUR
20. FII

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATE UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

11807
Do not use this space.

1. PLACE OF DEATH
(a) County Franklin
Registration District No. 293
(b) Township Calvey
Primary Registration District No. 5416
Registered No. 116
(c) City
(d) Street No. , St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Walker
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

SUPPLEMENTARY

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE Cal
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wd
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florence Walker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-14-1863
7. AGE Years 74 Months 0 Days 25 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as 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) Bergen
(STATE OR COUNTRY) Mo

FATHER
13. NAME Henry Walker Sr.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT Eugene [illegible]
(ADDRESS) Robertsville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Robertsville DATE 3/13 1937

19. FUNERAL DIRECTOR Family
(ADDRESS)

20. FILED 11 4 1938 Mary B. Gross
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/11 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-9 1937 to 3-11 1937
I last saw h— alive on 3-10 1937. Death is said to have occurred on the date stated above, at 10th A.m.
The principal cause of death and related causes of importance were as follows: Date of onset
Lobar Pneumonia

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Clinic. Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19 no
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) W. E. Ketchell, M. D.
(Address) St Clair Mo

5-11809