

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

Do not use this space.

JUN 17 1937

1. PLACE OF DEATH
 17 County Carroll Registration District No. 135 File No. 19711
 3 Township Primary Registration District No. 3010 Registered No. 42
 4 City Cassville (No.) St. 1 Ward
 2. FULL NAME Charles Edward 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 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 single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-13-1928
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
9 2 29
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school boy
 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) Triplitt, Mo.
 MOTHER FATHER 13. NAME Hugh H. Walker
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leaboren, Ky.
 15. MAIDEN NAME Pearl May West
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hart, Mo.
 17. INFORMANT Pauline Walker
 (ADDRESS) Hart, Mo.
 18. BURIAL, CREMATION OR REMOVAL PLACE Beckley, Mo. DATE 5-14 1937
 19. UNDERTAKER (ADDRESS) R.R. Bowers, Hart, Mo.
 20. FILED 5-13 1937 Edith Hasbun Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12 1937
 22. I HEREBY CERTIFY, That I attended deceased from May 4 1937, to May 11 1937.
 I last saw him alive on May 12 1937 Death is said to have occurred on the date stated above, at 1 P. m.
 The principal cause of death and related causes of importance were as follows:
Scarlet Fever
Nephritis
 Other contributory causes of importance: 8
 Name of operation Date of
 What test confirmed diagnosis? 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.....
 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 R.M. Benson M. D.
 (Signed) Edith Hasbun Registrar
 (Address) Cassville, Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

P. R. Burgess