OCT 18 1937

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

Do not use this space.

File No. 33828
Registered No. 220

1. PLACE OF DEATH
County: Callaway
Township:
City: Fulton (No. , St. , Ward)
Registration District No. 104
Primary Registration District No. 3008

2. FULL NAME: Joseph William 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: M
4. COLOR OR RACE: W
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): Nov. 23 1860

7. AGE: Years 76 Months 9 Days 25 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

FATHER
13. NAME: William Walker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: D K
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): D K

17. INFORMANT: Mrs Wm Barker
(ADDRESS) Fulton, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bethel Cemeter DATE: Sept 19 1937

19. UNDERTAKER: Geo L Walker
(ADDRESS) Fulton Mo

20. FILED: Sept. 18 1937 R. N. Crews
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-18- 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-1- 1937 to 9-18- 1937
I last saw h alive on Sept 10 1937 Death is said to have occurred on the date stated above, at 4:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	

Other contributory causes of importance:

Name of operation: None Date of:
What test confirmed diagnosis? Phys Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) R. L. Hall, M. D.
(Address) Fulton Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.