

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.

OCT 25 1937

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

Do not use this space.

35092

1. PLACE OF DEATH

County Ray Registration District No. 740
 Township Crooked River Primary Registration District No. 4413
 City Harden mo (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME John 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26 1860

7. AGE	YEARS	MONTHS	DAY	If LESS than 1 day, _____ hrs. or _____ min.
<u>77</u>	<u>4</u>	<u>21</u>		

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

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

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) Sumner mo

13. NAME John Walker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do. & know

17. INFORMANT (ADDRESS) Mrs. Opal Pennington Harden mo

18. BURIAL, CREMATION, OR REMOVAL PLACE LaClede DATE Sep-19 1937

19. UNDERTAKER (ADDRESS) John W. Kneipschild Harden mo

20. FILED Sept. 18 1937 H. K. Wilkerson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1937 to Sept 16 1937

I last saw him alive on Sept 16 1937. Death is said to have occurred on the date stated above, at 3:00 A.M.

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

myocarditis Date of case? ?

Other contributory causes of importance: Pyonephritis Prostatism ADT

Name of operation none Date of _____
 What test confirmed diagnosis? Clinical 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? No
 If so, specify _____
 (Signed) Carl Reed, M. D.
 (Address) Harden, Mo.

