

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 26 1937

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

Do not use this space.

35413

1. PLACE OF DEATH

County Saline

Registration District No. 796

Township

Primary Registration District No. 3038

City Marshall

(No.)

File No.

Registered No. 153

St. Ward)

2. FULL NAME Infant of Hugh & Clora Walker

(a) Residence, No. Last Vest

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.

da.

How long in U. S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11 ?, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11, 1937

19... to ... 19...
I last saw h. alive on still born, 19... Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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

Date of onset

Post maturity

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) Marshall (STATE OR COUNTRY) MO.

Name of operation None Date of

13. NAME Hugh Walker
14. BIRTHPLACE (CITY OR TOWN) Sweet Springs (STATE OR COUNTRY) MO.

What test confirmed diagnosis? Clinical Was there an autopsy?

15. MAIDEN NAME Clora Brown
16. BIRTHPLACE (CITY OR TOWN) Saline County (STATE OR COUNTRY) MO.

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.

17. INFORMANT Clora Walker (ADDRESS) Marshall, Mo.

Manner of injury

Nature of injury

18. BURIAL, CREMATION, OR REMOVAL Saline County Home DATE Sept. 12, 1937

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

19. UNDERTAKER T. H. Campbell (ADDRESS) Marshall, Mo.

(Signed) T. H. Campbell, M. D.

20. FILED 9-13-37 Mary Reek Registrar

(Address) Marshall, Mo.

