

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.

NOV 18 1937

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

Do not use this space.

36931
4880

1. PLACE OF DEATH

County Jackson. Registration District No. 399
Township Kaw. Primary Registration District No. 1002
City Kansas City, Mo. (No. Vineyard, Park Hospital.) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Robert Arthur Walker.

(a) Residence, No. 532 Brooklyn Avenue, City Mo. 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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carrie Bell Walker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28th, 1901
7. AGE YEARS 36 MONTHS 8 DAYS 29 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Laundry Driver
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) Kansas

13. NAME Charles W. Walker,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IOWA.

15. MAIDEN NAME Laura Mc Kinzie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas.

17. INFORMANT Mrs. Carrie Bell Walker
(ADDRESS) 532 Brooklyn Avenue, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE id. Washington, DATE Oct. 29th, 1937

19. UNDERTAKER Mrs. C.L. Forster,
(ADDRESS) Kansas City, Missouri.

20. FILED Oct 29, 1937 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 27th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1937, to 10-27, 1937
I last saw him alive on 10-27, 1937. Death is said to have occurred on the date stated above, at 8:10 A.M.
The principal cause of death and related causes of importance were as follows:
Retro-gastric Abscess 10-1-37
117B
Date of onset _____

Other contributory causes of importance:
Stomach ulcer 8-1-37
ulcer perforated 10-9-37
Name of operation drainage Date 10-18-37
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 _____
(Signed) J. P. Sheldon, M. D.
(Address) 922 Walnut, K.C. Mo.

8-15-1911