

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

Do not use this space.

DEC 16 1937

40997

1. PLACE OF DEATH

County Clay
Township Liberty
City Liberty (No. 3012)

Registration District No. 201
Primary Registration District No. 5280

File No. 111
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. S. Main St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17 - 1859

7. AGE YEARS 78 MONTHS 1 DAYS 19 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. day laborer
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) 5 years 11. Total time (years) spent in this occupation. 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dalton Kan.

FATHER 13. NAME John Walker

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

MOTHER 15. MAIDEN NAME Cynthia

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

17. INFORMANT Sametta Walker (ADDRESS) S. Main St. Liberty Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Chandler Mo DATE 12/28/37

19. UNDERTAKER Chas. Archer Co (ADDRESS) Liberty Mo

20. FILED 127 1937 ET Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 6 - 1937

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____, to _____ 19____.

I last saw h. _____ alive on Nov 4, 19____. Death is said to have occurred on the date Dec 6.
The principal cause of death and related causes of importance were as follows: Malnutrition and freezing or chilled to death

Date of onset _____

Other contributory causes of importance: Senility

Name of operation _____ Date of _____

What test confirmed diagnosis: No Was there an autopsy: Yes

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) W. H. Noyes M. D.
(Address) Liberty Clay County Mo

WRITE PLAIN, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

