

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.

DEC 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County Worth
Township Pleitchall
City Brant City, Mo. (No.)

Registration District No. 903
Primary Registration District No. 4545

File No. 42789

Registered No. St. Ward)

2. FULL NAME Gloucester 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30, 1861

7. AGE YEARS 76 MONTHS 6 DAYS 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lined by self.

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) Brant City (STATE OR COUNTRY) Mo.

13. NAME Benjamin Drummond

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

15. MAIDEN NAME Sarah Hurst

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

17. INFORMANT Bessie Walker (ADDRESS) Brant City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Harry Hurst DATE 11 / 22 / 1937

19. UNDERTAKER Arch C. Dymlee (ADDRESS) Brant City, Mo.

20. FILED 12 / 9 / 1937 Fred Mullins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1937, to Nov 20, 1937

I last saw him alive on Nov 20, 1937. Death is said to have occurred on the date stated above, at 12 P.M.

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

Acute myelocarditis Date of onset 11/18/37
Arterio Sclerosis 1930

Other contributory causes of importance:

Name of operation Date of

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? W

If so, specify.

(Signed) O. L. Fullerton, M. D.(Address) Redding Iowa

