

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

Do not use this space.

REC'D MAR 15 1938

1. PLACE OF DEATH

County... *Christian*  
Township... *Charwich*  
City... (No. *2*)

Registration District No. *186*  
Primary Registration District No. *5261A*

File No. *6453*  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. *426*  
(Usual place of abode) *Charwich Mo.* St. \_\_\_\_\_ Ward \_\_\_\_\_

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. (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) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF *Miss Frank Walker*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 23 - 1879*

7. AGE YEARS *58* MONTHS *4* DAYS *18* If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

FATHER 13. NAME *Wm. Walker*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

MOTHER 15. MAIDEN NAME *Mary Johnson*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

17. INFORMANT (ADDRESS) *Mrs. Bessie Walker Charwich Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Charwich* DATE *Nov 2 1937*

19. UNDERTAKER (ADDRESS) *T. B. Chaffin Charwich Mo.*

20. FILED *Mar 9 1938* *Ina Jones* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 1 1937*

22. I HEREBY CERTIFY, That I attended deceased from *July 15 1937* to *Nov 1 1937*

I last saw him alive on *Oct 2 1937* Death is said to have occurred on the date stated above, at *7:30 am.*

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

*Cardio Renal & Chronic nephritis*

Date of onset

*131*

Other contributory causes of importance:

Name of operation *None* Date of \_\_\_\_\_  
What test confirmed diagnosis? *None* Was there an autopsy? *No*

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) *R. P. Fasting*, M. D.  
*Charwich Mo.* (Address)

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.

