REC'D MAR 23 1938

84

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

7872
Do not use this space.

1. PLACE OF DEATH
(a) County Polk
(b) Township M. McKinley
(c) City
(d) Street No. , St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 708
Primary Registration District No. 5937a
Registered No. 5

2. PRINT FULL NAME Robert B. Walker 426
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (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 Nancy Walker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23, 1869.

7. AGE: Years 68 | Months 3 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as 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) Mo.

FATHER
13. NAME Robert Walker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER
15. MAIDEN NAME Nancy Gilleland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT R. H. Walker
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Aspenwell DATE Feb 11 1938

19. FUNERAL DIRECTOR Hutchison-Blue
(ADDRESS) Bolivar Mo

20. FILED 2-9 1938 Mae Zumwalt
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8 1938

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 6:30 A.m.
The principal cause of death and related causes of importance were as follows:

Suicide by hanging

Date of onset

Other contributory causes of importance:

165

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? Suicide Date of injury Feb 8, 1938
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 he hanged him self
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) S. B. Hutchison Coroner M. D.
(Address) Bolivar Mo

636

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X12004

STATEMENT BY LICENSED EMBALMER

I, Thorald Marshall, Licensed Embalmer No. 3519

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

, L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Thorald Marshall

Licensed Embalmer No. 3519

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)