REC'D APR 18 1938

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

Do not use this space.

1. PLACE OF DEATH
County: Butler
Registration District No.: 89
File No.: 10264
Township:
Primary Registration District No.: 5007
Registered No.: 70
City: Poplar Bluff, Mo. (No. 1117 Grand Ave. St. Ward)

2. FULL NAME: Bougard Walker 426
(a) Residence, No. 1117 Grand Ave. 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: 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: Mrs. Maggie Walker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 18, 1861

7. AGE: Years 77 | Months 1 | Days 12 | 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): Henderson County Kentucky

FATHER
13. NAME: Banks, Walker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT: Maggie Walker
(ADDRESS): Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Marble Hill Cemetery
PLACE: Butler Co., Mo. DATE: March 31, 1938

19. UNDERTAKER: Frank Und. Co.
(ADDRESS): Poplar Bluff, Mo.

20. FILED: 3/31, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 28, 1938, to Mar 29, 1938
I last saw him alive on Mar 28, 1938. Death is said to have occurred on the date stated above, at 11 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	2 days
Other contributory causes of importance: Hypertension	

Name of operation: — Date of:
What test confirmed diagnosis: Clinical 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) J. Rech Grunwell M. D.
(Address) Poplar Bluff, Mo.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD