

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

REC'D APR 19 1938

10787
Do not use this space.

261

1. PLACE OF DEATH

(a) County Greene Registration District No. 316
 (b) Township _____ Primary Registration District No. 2001 Registered No. _____
 (c) City Springfield, Mo. (d) Street No. Elmvar. Apts. 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.

2. PRINT FULL NAME Marvin Albert Walker 426

(a) Residence, No. Elmvar Apartments St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24 1884
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 4 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk
 9. Industry or business in which work was done, as saw mill, bank, etc. Frisco R.R.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

FATHER 13. NAME Marvin E. Walker
 14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Olive Wilder
 16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

17. INFORMANT Mrs. Olive Walker (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE March 26, 1938

19. FUNERAL DIRECTOR (NAME) H. H. Zohmeyer Funeral Home (ADDRESS) Springfield, Mo.

20. FILED Mar 26 1938 Chas. A. Georgetown Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24 1938

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1938, to March 24, 1938
 I last saw him alive on March 24, 1938 Death is said to have occurred on the date stated above, at 1:57 p.m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis
Advanced acute pneumonia Date of onset 9-2-38

Other contributory causes of importance: none

Name of operation none Date of _____
 What test confirmed diagnosis? Sputum test 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) E. E. Glenn, M. D.
 (Address) Springfield, 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.

