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.

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

REC'D AUG 24 1938

Do not use this space.

1. PLACE OF DEATH
County Douglass 1
Registration District No. 276
File No. 25220
34 Township Cass
Primary Registration District No. 5388
Registered No. 7
City ..... (No. ..... St. ..... Ward)

2. FULL NAME George W Walker 426
(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) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Divorced
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24 1897
7. AGE YEARS 40 MONTHS 11 DAYS 14 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Douglas Co Mo

FATHER
13. NAME D. R. Walker 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. 1

MOTHER
15. MAIDEN NAME Clara Hook.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Md

17. INFORMANT (ADDRESS) Howard Walker Norwood Mo RR2
18. BURIAL, CREMATION, OR REMOVAL
PLACE Brushy Knob. Cem. DATE Aug. 8 1938
19. UNDERTAKER (ADDRESS) Bolton Funeral home Mtn Grove Mo
20. FILED Aug 9 1938 Trilba Sims Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7 1938
22. I HEREBY CERTIFY, That I attended deceased from Viewed the body 8/7 1938
I last saw him alive on 8/7 1938. Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:
Tuberculosis of Lungs
Date of onset
2 3 4
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? .....
If so, specify .....
(Signed) R. A. Ryan, M. D.
(Address) Mtn Grove