WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

L28T MAR 17 1939

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

Do not use this space.

7017

File No.

Registered No. 11

1. PLACE OF DEATH

County Lawrence — Registration District No. 467

Township Aurora — Primary Registration District No. 4280

City Aurora (No. Aurora Hospital St. Ward)

2. FULL NAME William Billy Walker

(a) Residence, No. Crane, Mo. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24, 1931

7. AGE: YEARS 7 MONTHS 7 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. Minor

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) Crane Mo.

FATHER

13. NAME David Walker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Blanche Chastain

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Jones Chastain Crane, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Masonic DATE 2/13 1939

19. UNDERTAKER (ADDRESS) Lane & Manlove Crane Mo.

20. FILED 3-2 1939 R D Cowan, M D Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1939, to Feb. 11, 1939

I last saw him alive on Feb. 11, 1939. Death is said to have occurred on the date stated above, at 3:45 PM

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

Extension Burn of body (1/3 body Surface) — Date of onset 2/9/39

181

Other contributory causes of importance:

Shock

Name of operation No Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2-9, 1939

Where did injury occur? Crane, Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Scalded (tea kettle

Nature of injury tipped from stove

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R D Cowan, M. D.

(Address) Aurora, Mo

RECEIVED
District Health Officer No. 6,
District File Number 6-39-538
Date Filed MAR 9 1939