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 INDELIBLE INK—THIS IS A PERMANENT RECORD

REC'D MAY 19 1939

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

Do not use this space.

File No. 14946
Registered No. 21

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1. PLACE OF DEATH
County: Harrison — Registration District No. 334
Township: — Primary Registration District No. 4197
City: Bethany (No. 426 St. Ward)

2. FULL NAME: John G. Walker

(a) Residence, No. 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~: Irene Walker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1-9-1851

7. AGE: Years 88 | Months 2 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: wool merchant
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): Hagerstown Ind

FATHER
13. NAME: James Walker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Do not know Ind

MOTHER
15. MAIDEN NAME: Jane Jordon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Do not know Ind

17. INFORMANT (ADDRESS): Ross Shiffler K.C. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Nursery DATE: 3-31, 1939

19. UNDERTAKER (ADDRESS): S M Haas Bethany Mo

20. FILED 4-3-, 1939 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-29, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1938, to March, 29, 1939
I last saw him alive on March 29, 1939. Death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic parenchymatous nephritis	

Other contributory causes of importance: Bd

Name of operation: Date of:
What test confirmed diagnosis? Lab. 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) Ralph L. Walker, M. D.
(Address) Bethany, Mo.

District Health Officer No. 114
District File Number 39-467
Date Filed MAY 8 1939