

REC'D JUL 10 1939

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

21002  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Kaw Primary Registration District No. 1002  
(c) City Kansas City, Mo. (d) Street No. St Lukes Hospital Registered No. 2360  
(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

Allan P. Walker  
(a) Residence, No. 301 N Brighton 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 6, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
51 8 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cashier  
9. Industry or business in which work was done, as saw mill, bank, etc. Gate City Laundry  
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) Kansas13. NAME Thomas Walker14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Mrs. Gertrude Walker,  
(ADDRESS) 301 N Brighton, K.C. Mo.18. BURIAL, CREMATION, OR REMOVAL  
PLACE Green Lawn Cem DATE June 8, 193919. FUNERAL DIRECTOR (NAME) C.H. Blackman & Son, Inc.  
(ADDRESS) 2825 Inden Blvd. K.C. Mo.20. FILED June 8, 1939 M.M. Crowe  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6-39, 19

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1939, to June 6, 1939  
I last saw him alive on June 5, 1939 Death is said to have occurred on the date stated above, at 1:05 p.m. AM  
The principal cause of death and related causes of importance were as follows:

Glomerular nephritis  
Hypertensive nephritis  
Chronic  
121

Other contributory causes of importance:

Hypertension  
Name of operation None Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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.C. Ramsey, M.D.

(Address) 311 Agate St

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.

*Mr Ramsey  
August 12, 1919*

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**