

REC'D SEP 15 1939

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

29973

Do not use this space.

1. PLACE OF DEATH

(a) County Platte Registration District No. 694
 (b) Township LEE (Main Farm) Primary Registration District No. 592.1
 (c) City (d) Street No.
 (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

426 Harry L Walker
 (a) Residence, No. 1307 Olive St St. Leavenworth Kansas
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 19, 1881

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>57</u>	<u>11</u>	<u>23</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Junior Custodial Officer at Mason
 9. Industry or business in which work was done, as saw mill, bank, etc. Federal Reserve Bank
 10. Date deceased last worked at this occupation (month and year) Sept. 12, 1939 spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ashland, Illinois13. NAME Blackmore H. Walker14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ashland, Illinois15. MAIDEN NAME Elizabeth Chirtick16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ashland, Illinois17. INFORMANT (ADDRESS) Mrs. Flora Walker (wife)
1307 Olive Street, Leavenworth, Ks.18. BURIAL, CREMATION, OR REMOVAL PLACE Leavenworth, Ks. DATE Sept. 12, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) J. C. Davis Ltd. Co.
Leavenworth, Kansas.20. FILED Sept 12, 1939 Thos. A. E. Farnham
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 8:15 P.M.

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

Probable. Cerebral Hemorrhage.

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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 injury24. Was disease or injury in any way related to occupation of deceased? YesIf so, specify Deland H. Francis Coover
(Signed) Platte, Mo.J. S. S. (Address) Parkville, Mo.

WRITE PLAINLY, WITH INK AND IN CAPITAL LETTERS. 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. Statement of OCCUPATION is very important.

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,

Arthur F. McClure

....., or by

Registered Apprentice No. , working under my personal supervision.

Signed.....

Arthur F. McClure

Licensed Embalmer No.

3931 (Mo)

P. O. Address.....

Lewenworth, Kansas.

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.