

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

33719
Do not use this space.

1. PLACE OF DEATH
 (a) County Sullivan Registration District No. 849
 (b) Township Penn Primary Registration District No. 6114 Registered No. 14
 (c) City _____ (d) Street No. _____ St. _____
 (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. da.

2. PRINT FULL NAME Frank P. Walker
 (a) Residence, No. _____ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nora Walker</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-8-1862</u>				
7. AGE YEARS <u>77</u>	MONTHS <u>5</u>	DAYS <u>26</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>			
	9. Industry or business in which work was done, as 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) <u>Missouri</u>				
FATHER	13. NAME <u>Charles Walker</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York State</u>			
MOTHER	15. MAIDEN NAME <u>Mary Weaver</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
17. INFORMANT <u>Nora Walker</u> (ADDRESS) <u>Green City, Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Green City Cem.</u> DATE <u>Sept. 7 39</u>				
19. FUNERAL DIRECTOR (NAME) <u>Glenn E. Kent & Son</u> (ADDRESS) <u>Green City, Missouri</u>				
20. FILED <u>9. 30</u> 19 <u>39</u> <u>Virginia Gibson</u> Local Registrar. (Address) <u>Green City, Mo</u>				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Sept. 3, 1939</u>	Date of onset
22. I HEREBY CERTIFY, That I attended deceased from <u>August 28, 1939</u> , to <u>Sept 3, 1939</u> , 19____ I last saw him alive on <u>Sept 2 1939</u> , 19____. Death is said to have occurred on the date stated above, at <u>6:30 A.M.</u> The principal cause of death and related causes of importance were as follows: <u>Hemorrhage of Bladder and the Enlargment of Prostate and Retention of Urine with Coma</u>	
Other contributory causes of importance: <u>10</u>	
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) <u>W. H. ...</u> , M. D. (Address) <u>Green City, Mo</u>	

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.

RECEIVED

District Health Officer No. 10

District File Number 10-29-1716

Date Filed OCT 3 1939

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 Archis W Wade

Licensed Embalmer No. 3037

P. O. Address Green City,

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

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