

DEC 18 1939

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

Do not use this space.

1. PLACE OF DEATH

County Calder Registration District No. 277
Township Smith Primary Registration District No. 5-611
City (No. _____) St. _____ Ward _____

File No. 40074

Registered No. 7

2. FULL NAME

William Deane Walker

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

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 <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>Nellie Walker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 1, 1871</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>1</u>
	DAYS <u>13</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>o</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Nov. 3, 1939</u>	
	11. Total time (years) spent in this occupation <u>life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stanhurst</u>		
FATHER	13. NAME <u>Enoch Walker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>	
MOTHER	15. MAIDEN NAME <u>Walker</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>	
17. INFORMANT (ADDRESS) <u>Nellie Walker, Richmond Road 2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hayleyville Mo</u> DATE <u>11/15/39</u>		
19. UNDERTAKER (ADDRESS) <u>Richmond Mo</u>		
20. FILED <u>11-17</u> 19 <u>39</u> <u>C. E. Carlton</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1889 to Nov 13, 1939
I last saw him alive on Nov 12, 1939. Death is said to have occurred on the date stated above, at 11:45 P.M.
The principal cause of death and related causes of importance were as follows:
Arterial Sclerosis Date of onset 1875
77 W
Other contributory causes of importance:
Cerebral Hemorrhage 11-13-39

Name of operation none Date of _____
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? o Date of injury _____, 19____
Where did injury occur? o (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury o
Nature of injury o

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____ (Signed) C. Mallett, M. D.
(Address) Crocker, Mo

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. 7,

District File Number 7-39-16

Date Filed 12-8-39