

FILED SEP 20 1943 70

Registration District No. **5633**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Laclede**
(b) City or town **Hayley**
(c) Name of hospital or institution: **Smith Hosp**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Laclede**
(c) City or town **Hayley** **0530**
(If outside city or town limits, write "RURAL")
(d) Street No. **MO-0**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **George MILLION WALKER**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Grace Walker** 6. (c) Age of husband or wife if alive **42** years
7. Birth date of deceased **June 23, 1860**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	7	#1	by _____ min.

9. Birthplace **Washington Co Tenn**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **James Walker**

13. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

14. Maiden name **Emily Walker**

15. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Grace Walker**

(b) Address **Hayley Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8/26/43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Hayley Cem**

18. (a) Signature of funeral director **Richard M. Oliver**

(b) Address **Hayley Mo**

19. (a) **9-27-43** (Date received local registrar) (b) **Grace Kopin** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **24** year **1943**, hour **8** minute **45** PM.

21. I hereby certify that I attended the deceased from **April 18, 1929** to **Aug 24, 1943**; that I last saw him alive on **Aug 20, 1943**; and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Arteriosclerosis** **1 year**
Due to **General Arteriosclerosis** **10 years**

Due to **Old age** **82**

Other conditions: **gth**
(Includes pregnancy within 3 months of death)

Major findings: **gth**
Of operations _____
Of autopsy **none**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Quatt A. Oliver** (M.D.)
Address **W. Richard** Date signed **8/24/43**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1001

