

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.

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

Do not use this space.

31632

1. PLACE OF DEATH

County Wagoner Registration District No. 44
Township Wagoner Primary Registration District No. Wagoner
City Wagoner (No. 921 Taylor) St. Wagoner Ward Wagoner

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14 1873
7. AGE YEARS 58 MONTHS 1 DAYS 16 LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fireman
10. Date deceased last worked at this occupation (month and year) June 1931
11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

13. NAME Henry Walker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

15. MAIDEN NAME Lottie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) Charles D. Zimmerman

18. BURIAL, CREMATION, OR REMOVAL Wagoner

19. UNDERTAKER (ADDRESS) Wagoner

20. FILED Wagoner 19 Oct 3 19 31

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30 19 31

I HEREBY CERTIFY, That I attended deceased from Oct 2 19 31 to Oct 2 19 31
I last saw him alive on Oct 2 19 31 Death is said to have occurred on the date stated above, at 20 m.

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

Gunshot wound of head
fired from .410 gauge
shot gun. Date of onset 9/30/31

Other contributory causes of importance: 167

Name of operation none Date of 7

What test confirmed diagnosis? Inquest Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sept 30 19 31

Where did injury occur? 921 Taylor, Wagoner, Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury suicide

Nature of injury Gunshot wound of head

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify Henry Zimmerman

(Signed) Charles D. Zimmerman M. D.

(Address) Wagoner

Registrar.

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