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

Do not use this space.

31817

9073

1. PLACE OF DEATH

County ..... Registration District No. 1003 ..... File No. 9073

Township ..... Primary Registration District No. ..... Registered No. 9073 [redacted]

City St Louis Mo. (No. St Louis Baptist Hosp. St.

2. FULL NAME Robert C. Walker

(a) Residence. No. 3606 a N. 25th St. St. 20 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: 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: Anna Walker

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 20 1869

7. AGE: 59 Years | 2 Months | 20 Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Retired
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Frank Walker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Jewell Walker
(Address) 2570 Benton

15. FILED SEP 10 1928 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 10 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1928 to Sept 10, 1928 that I last saw him alive on Sept 10, 1928, and that death occurred, on the date stated above, at 8:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lung abscess, Lower lobe right lung
(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY): Lobar Pneumonia
(duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at 3606 a N. 25th St.
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Sept 6-28
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinically
(Signed) John D Hayward, M.D.
, 19 (Address) Metropolitan Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Sligo Missouri | DATE OF BURIAL: Sept 11 1928

20. UNDERTAKER: Drehman-Harrod | ADDRESS: 1905 Union

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.

WHITE PLAINLY, WITH UNFADING INKS THIS IS A PERMANENT RECORD

Metropolitan Bldg.