MAY 27 1930

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

Do not use this space.

13690

1. PLACE OF DEATH
County Randolph — Registration District No. 735 — File No.
Township Union — Primary Registration District No. 5971 — Registered No. 305
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Harlem C. Walkey
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6/28/1856.
7. AGE: Years 73 | Months 9 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Railroad
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Davis
(STATE OR COUNTRY) Illinois

PARENTS
10. NAME OF FATHER Alfred Walkey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Pa
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Pa

14. INFORMANT Mrs. Eva Piper
(Address) Evansville, Mo
15. FILED 4/3, 1930 Dr. Thos. S. Fleming REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/2 1930
17. I HEREBY CERTIFY, That I attended deceased from 2/12, 1930, to 4/2, 1930, that I last saw h. ..... alive on 4/1, 1930, and that death occurred, on the date stated above, at 11:30 a. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Heart Dis
131
92 A
(duration) 10 yrs. — mos. — ds.
CONTRIBUTORY (SECONDARY) Ch. Nephritis
(duration) 6 yrs. — mos. — ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 129 A
DID AN OPERATION PRECEDE DEATH? no. DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clin. Signs + Symph.
(Signed) C. C. Smith, M. D
4/3, 1930 (Address) Madison, Mo

*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: Elmwood Cemetery, R. C. Mo.
DATE OF BURIAL: 4-4 1930
20. UNDERTAKER: Fred A. Thompson
ADDRESS: Madison 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.