

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

OCT 20 1933

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

Do not use this space.

30216

1. PLACE OF DEATH  
 61 County Macon Registration District No. 533  
 Township Pondgrove Primary Registration District No. 5721  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Jesse Walker  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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 <u>Male</u>	4. COLOR OR RACE <u>W</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>Ella Walker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-30-1863</u>		
7. AGE <u>80</u>	YEARS <u>6</u>	MONTHS <u>17</u>
		DAYS <u>17</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>Retired Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Roseau Ohio</u>		
MOTHER	13. NAME <u>Robert Walker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>	
	15. MAIDEN NAME <u>Louiza Lawrence</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pa</u>	
17. INFORMANT <u>Ray H. Walker</u> (ADDRESS) <u>Macon Mo. R5</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bethlehem</u> DATE <u>9-18-33</u>		
19. UNDERTAKER (ADDRESS) <u>Stephens &amp; Gooding</u> <u>Macon Mo.</u>		
20. FILED <u>9/25 1933</u> <u>Miss Luke Hunter</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

1  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-17, 1933  
 22. I HEREBY CERTIFY, That I attended deceased from 9-9-33 to 17-33, 1933  
 I have seen him alive on \_\_\_\_\_, 1933. Death is said to have occurred on the date stated above, at 5:00 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Suicide by shooting Head of  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance:  
167 167  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1933  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_ (Signed) R. M. Burns  
 \_\_\_\_\_ (Address) 11519 1st Macon

