

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

Do not use this space.

DEC 27 1934

1. PLACE OF DEATH

County Hodsdon
Township Richland
City Greysbridge, Mo. (No. _____)

Registration District No. 839
Primary Registration District No. 6101

File No. 41666
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 25 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 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) May Walker.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March-1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
30 7 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Davis Co., Ky.

MOTHER FATHER 13. NAME Harry Walker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

15. MAIDEN NAME Lizzy Merritt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davis Co., Ky.

17. INFORMANT (ADDRESS) Lizzy McCombs

18. BURIAL, CREMATION, OR REMOVAL PLACE Bluffs Cem MO DATE 11-1934

19. UNDERTAKER (ADDRESS) J. A. Sampson

20. FILED _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 1 A. m.

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

17 Gun Shot wounds
Homicide
Date of onset _____
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Homicide Date of injury Nov 4, 1934
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 Gun shot wounds
Nature of injury Bullet cut Jugular Vein

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Lloyd S Morgan Coroner
(Address) Adwards 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.

2039

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Madison
Township.....
City..... (No.....)

Registration District No. 839
Primary Registration District No. 6101

File No.....
Registered No. 35 St. Ward)

2. FULL NAME

Jacob Walker

(a) Residence, No. St. 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. da. How long in U. S., if of foreign birth? yrs. mos. 'ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May Walker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 14-1904

7. AGE YEARS MONTHS DAYS IF LESS than 1. day, hrs. or min.
30 7 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) If less than (years) specify in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waverly Mo

FATHER 13. NAME Harry Walker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Lizzy McNeill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Darius, Mo

17. INFORMANT (ADDRESS) Lizzy McNeill, 217 E. 1st St., Waverly, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Buff Cem DATE 11/6 1935

19. UNDERTAKER (ADDRESS) J.P. Brandon, Waverly, Mo

20. FILED 2-12 1935 J.P. Brandon Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19....., to....., 19.....
I last saw him alive on....., 19..... Death is said to have occurred on the date stated above, at 1 A. m.
The principal cause of death and related causes of importance were as follows:

Date of onset
Gun shot
Wounds
Hornet
Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? Coxs Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Hornet Date of injury Nov 4, 1934
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 gun shot wounds
Nature of injury Bullet cut jugular vein

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Yes
(Signature) Clayton J. Morgan
(Address) Advanced view

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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