JUL 28 1937

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

Do not use this space.

39
3
5

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No. 23732
Township — Primary Registration District No. 2001 — Registered No. 516
City Springfield, Mo. (No. 901 E. Elm St. Ward)

2. FULL NAME Marvin E. Walker
(a) Residence, No. 901 E. Elm 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 14, 1853

7. AGE: 83 YEARS — MONTHS: 10 — DAYS: 6 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Insurance Man
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): 8 yrs. ret.
11. Total time (years) spent in this occupation: 48

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Worth County Missouri

FATHER
13. NAME: W.W. Walker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME: Ruth Thomas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Homer Walker Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Park DATE June 22, 1937

19. UNDERTAKER (ADDRESS): Herman Lohmeyer Funeral Home Springfield, Mo.

20. FILED June 22 1937 Chas A George MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-20 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1937 to June 20, 1937
I last saw him alive on June 20, 1937. Death is said to have occurred on the date stated above, at 10 P.M.
The principal cause of death and related causes of importance were as follows:

Uremic Poisoning following Chronic Nephritis

Date of onset

Other contributory causes of importance:

131

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 ....., 19....
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) G. A. Meyers M. D.
(Address) 540½ E Cox St Jy Jy

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.

X9314