REC'D APR 20 1938

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

Do not use this space.

1. PLACE OF DEATH
County Lewis
Township Reddish
City ~~[illegible]~~ (No. ..... , ... St. ..... Ward)

Registration District No. 479
Primary Registration District No. 5649a

File No. 11326
Registered No. .....

2. FULL NAME William Marvin Walker 426

(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 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. ~~SINGLE, MARRIED,~~ WIDOWED, OR DIVORCED (*write* the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 13 1861

7. AGE YEARS 77 MONTHS 0 DAYS 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La Belle Mo. 0

FATHER
13. NAME William Walker 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 1

MOTHER
15. MAIDEN NAME Virginia Gips
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs. Willa McClain La Belle, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Deer Ridge DATE March 7 1938

19. UNDERTAKER (ADDRESS) Thos. Ball Ewing Mo.

20. FILED 3/6 1938 J L Bowen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 5 1938

22. I HEREBY CERTIFY, That I attended deceased from January 1932 to January 1938
I last saw him alive on January 3rd 1938 Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	Not known

Other contributory causes of importance:
Chronic Nephritis 1/2 1

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

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? No
If so, specify .....
(Signed) Dr. C. A. Fuller, ~~M. D.~~
432 (Address) La Belle, 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.

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