

DEC'D MAR 21 1939

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

7412
Do not use this space.

1. PLACE OF DEATH

(a) County Wardell Registration District No. 1099
(b) Township Little River Primary Registration District No. 5868 Registered No. _____
(c) City Wardell or _____ (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

John Henry Walker
(a) Residence, No. Wardell Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Emma Walker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-16-1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 4 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as 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) Wm.

FATHER 13. NAME Jeff. Walker

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

MOTHER 15. MAIDEN NAME Elizabeth Ann Little

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wm.

17. INFORMANT (ADDRESS) William K. Fields
Wardell Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hornbeam DATE 2-15-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. S. Smith
Coulterville Mo.

20. FILED 2 28 19 39 J. S. Greary Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-14-1939

22. I HEREBY CERTIFY, That I attended deceased from 19... to Feb 14, 1939

I last saw h. in alive on Feb 14, 1939. Death is said to have occurred on the date stated above, at 6:25 a.m.

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

Infirmities of Old age, and related to Resection from Prostata Operation

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

Was test confirmed diagnosis? _____ Was there an autopsy? _____

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) J. C. Robbitt M. D.

(Address) Wardell Mo.

590

129

RECEIVED

District Health Officer No. 3,

District File Number 39-184

Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No.

working under my personal supervision.

Signed Noel C. Dore

Licensed Embalmer No. 3941

P. O. Address Cornthorpeville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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1. PLACE OF DEATH

(a) County Deming Registration District No. 1099
(b) Township Little River Primary Registration District No. 2868 Registered No. _____
(c) City _____ (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John Henry Walker
(a) Residence, No. Wardell St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 Emma Walker

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 4 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, book keeper, etc. Merchant
9. Industry or business in which work was done, as 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) Deming, Tenn

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Harrisburg DATE Feb 16 1939

19. FUNERAL DIRECTOR (ADDRESS) Carlutherswell

20. FILED _____ 19 _____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 14 1939

I HEREBY CERTIFY, That I attended deceased from Sometime in March to Feb. 14, 1939

I last saw him alive on Feb 14, 1939. Death is said to have occurred on the date stated above, at 6 a. m.

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

Infirmities of old age and failed to recover from prostate operation Date of onset 12/7

Other contributory causes of importance: For Hypertrophy of Prostate

Name of operation _____ Date of Mar 22 39

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 J. E. Boffett M. D.
(Signed) Wardell (Address)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATE UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENT

