

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

Do not use this space.

269
35680

File No. _____
Registered No. 269
St. _____ Ward _____

Dr. Clark

1. PLACE OF DEATH

County Cole
Township _____
City Jefferson (No. _____)

Registration District No. 9.3
Primary Registration District No. 314

2. FULL NAME Robert Franklin 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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) Widower

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 19 1930

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

17. I HEREBY CERTIFY, That I attended deceased from Nov 1 1929 to Nov 19 1930 that I last saw him alive on Nov 19 1930 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis
131 Interstitial
(duration) yrs. 6 mos. ds.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 11 20

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis
(duration) yrs. 6 mos. ds.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Lawyer (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____ DID AN OPERATION PRECEDE DEATH? no DATE OF _____ WAS THERE AN AUTOPSY? no WHAT TEST CONFIRMED DIAGNOSIS? Cancer (Signed) W. Gordon, M. D.

9. BIRTHPLACE (CITY OR TOWN) Morgan County, Mo (STATE OR COUNTRY)

10. NAME OF FATHER Belford Walker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Morgan County, Mo (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Abigail Evans

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Morgan County, Mo (STATE OR COUNTRY)

14. INFORMANT Mr. S. Catharine Smith (Address) Wanston, Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL River View Cemetery DATE OF BURIAL 11/21 1930

15. FILED 12/9 1930 W. Gordon REGISTRAR

20. UNDERTAKER Wynmore Gordon ADDRESS W. Gordon

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. DOZ should be stated EXACTLY. PHYSICIANS should state EXACTLY.

AUG 8 1942

JAN 5 1942