

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.

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

PLACE OF DEATH
County Barton
Township Milford or Village _____ or City _____ (NO. _____ St. _____ Ward _____)
Registration District No. 45 File No. 99
Primary Registration District No. 5067 Registered No. 21
FULL NAME Francis Marion Walker [If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS ✓ MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Married (Write the word)
DATE OF BIRTH September 4, 1861 (Month) (Day) (Year)
AGE 50 yrs. 21 mos. 4 ds. If LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) _____

DATE OF DEATH January 8, 1912 (Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from Jan'y 2, 1912, to Jan'y 8, 1912,
that I last saw him alive on Jan'y 8, 1912,
and that death occurred, on the date stated above, at 1 P. m.
The CAUSE OF DEATH* was as follows:
Meningitis from Kiere
by horse
188 176
77 A (Duration) ___ yrs. ___ mos. ___ ds.

BIRTHPLACE (City or town, State or foreign country) Illinois
PARENTS
NAME OF FATHER Archibald Cleveland Walker
BIRTHPLACE OF FATHER (City or town, State or foreign country) Kentucky
MAIDEN NAME OF MOTHER Mary Sawyer
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Carolina

Contributory (SECONDARY) _____ (Duration) ___ yrs. ___ mos. ___ ds.
(Signed) Claud E. Duckett M. D.
July 1, 1912 (Address) Empire, Mo.
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.
Where was disease contracted if not at place of death? _____
Former or usual residence _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Susie Walker
(ADDRESS) Milford, Mo.

PLACE OF BURIAL OR REMOVAL Howell Cemetery DATE OF BURIAL Jan'y 9, 1912
UNDERTAKER P. H. Taylor ADDRESS Milford, Mo.

Filed Jan 9, 1912 J. St. Duckett REGISTRAR