

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.

MAR 26 1931

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

Do not use this space.

6517

1. PLACE OF DEATH
 County Warren Registration District No. 651
 Township Leece Prairie Primary Registration District No. 5882
 City Caruthersville (No.) St. Ward

2. FULL NAME Jexols Walker Col.
 (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 7 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 Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8, 1921

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>9</u>	<u>9</u>	<u>5</u>	<u>8</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss. 2

FATHER

13. NAME Don't Know

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

MOTHER

15. MAIDEN NAME Lora Walker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss. 2

17. INFORMANT (ADDRESS) Lawson Rowe

18. BURIAL, CREMATION, OR REMOVAL PLACE Mem. Park DATE 11/18 1931

19. UNDERTAKER (ADDRESS) H. D. Smith

20. FILED March 9, 1931 Ada Martin Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-16 1931

I HEREBY CERTIFY That I attended deceased from Jan. 26 1931 to Feb. 16 1931

I last saw her alive on Feb. 11 1931. Death is said to have occurred on the date stated above, at home

The principal cause of death and related causes of importance were as follows:
Encephalomeningitis Date of onset
89B
79A

Other contributory causes of importance:
Mastoiditis 89B

Name of operation no Date of

What test confirmed diagnosis: Clinical 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) J. W. Phiss M. D.
 (Address) Caruthersville, Mo.

