

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

Do not use this space.

1. PLACE OF DEATH

County Missouri
Township Deering
City Deering (No. _____)

Registration District No. 653
Primary Registration District No. 5871

File No. 17622
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Abe Walton

(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

3. SEX Male 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Ella Spruigall Walton

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
42 2 10

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

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) Water Valley Miss

13. NAME A. H.

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

15. MAIDEN NAME SK

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

17. INFORMANT (ADDRESS) Wife Ella Walton

18. BURIAL, CREMATION, OR REMOVAL PLACE Osceola DATE 5/31 1934

19. UNDERTAKER (ADDRESS) Logan & Cobb
Physicians

20. FILED _____ 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1 to May 30

I last saw him alive on May 31, 1934. Death is said to have occurred on the date stated above, at 4 a. m.

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

Sarcoma of the Mesentery Date of onset _____

Other contributory causes of importance: 46

Name of operation None Date of _____

What test confirmed diagnosis? ray 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 _____

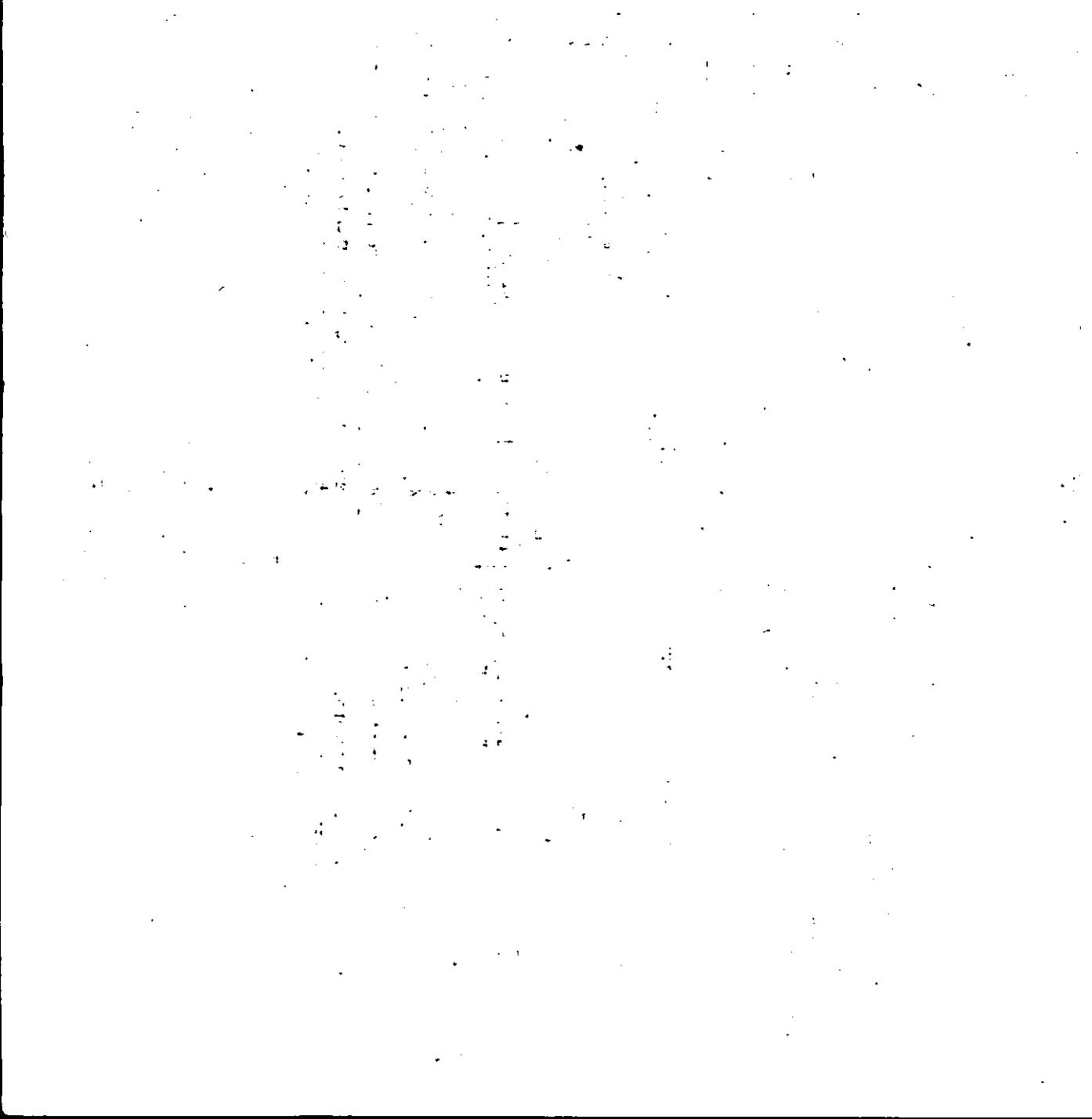
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) W. J. Primm, M. D.

(Address) Physicians



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Linn Registration District No. 653
 Township Bragg Primary Registration District No. 5871
 City Walden (No. _____) St. _____ Ward _____

File No. 11
 Registered No. 11

2. FULL NAME

Abel Walton

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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 m 4. COLOR OR RACE B 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella S. Walton
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/20/1891
 7. AGE YEARS 43 MONTHS 2 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
 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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1934
 22. I HEREBY CERTIFY That I attended deceased from May 1 1934 to May 30 1934
 I last saw him alive on May 30 1934 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:
Distention of the mesentery
 Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Water Valley Miss
 13. NAME unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 17. INFORMANT (ADDRESS) Ella S. Walton
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mapleland DATE 5/31 1934
 19. UNDERTAKER (ADDRESS) Basley & Cobb, Blytheville Ark
 20. FILED 5/30 1934 JWR Rhodes Registrar

Name of operation none Date of _____
 What test confirmed diagnosis? X-Ray 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? _____
 If so, specify _____
 (Signed) W. A. Grummett M. D.
 (Address) Blytheville Ark

SUPPLEMENTARY

5-17622