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.

APR 16 1935

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

Do not use this space.

8641

1. PLACE OF DEATH
County Douglas
Township ~~Bentonville~~
City Ava ~~Mo~~ (No. ..... St. ..... Ward)

Registration District No. 272
Primary Registration District No. 4165

File No. .....
Registered No. 46

2. FULL NAME Walley York
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 6 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: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lottie Delisto

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10-23-1857

7. AGE: YEARS 77 | MONTHS 4 | DAYS 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Animal Trainer
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): Was with Dog and Pony Show.

FATHER
13. NAME: nothing known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): of folks Had been abt ½ yr in Ava

MOTHER
15. MAIDEN NAME: .....
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): .....

17. INFORMANT (ADDRESS): E D Lister

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Burial
PLACE Ava DATE 4-1 1935

19. UNDERTAKER (ADDRESS): C. V. Clinkingbeard Ava Mo.

20. FILED 4-10 1935 Henry Burke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-31, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar. 20, 1935, to Mar 31, 1935
I last saw h..... alive on ....., 19..... 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:

	Date of onset
Pulmonary Tuberculosis	
22	

Other contributory causes of importance:

Name of operation ..... Date of .....
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 .....
(Signed) J. L. Gentry, M. D.
(Address) Ava Mo