

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.

JUL 18 1936

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

Do not use this space.

22375

1. PLACE OF DEATH

County Cole, Registration District No. 213
Township _____ Primary Registration District No. 3014
City Jefferson City, (No. _____, _____ St. _____ Ward)

2. FULL NAME SAM WALTON - #42731,

(a) Residence, No. Missouri State Penitentiary, Jefferson City, Mo.
(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 Negro. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 4, 1910.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
25 7 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown.
10. Date deceased last worked at this occupation (month and year) Unknown. 11. Total time (years) spent in this occupation Unkn.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

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 Mrs. Prais Reese
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kirksville Mo. DATE 6/10/1936

19. UNDERTAKER Davson-Tanner Ind. Co.
(ADDRESS) Jefferson City, Missouri.

20. FILED 6/10/1936 Dr. Bergeford M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1936, to June 10, 1936.
I last saw him alive on June 10, 1936 Death is said to have occurred on the date stated above, at 6:15 a.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset Unkn.

Other contributory causes of importance: _____
Name of operation None Date of _____
What test confirmed diagnosis? _____ 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 W. W. Bambo M. D.
(Signed) _____
(Address) Jefferson City, Missouri.

