

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

3125
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
(b) Township Joplin Primary Registration District No. 2002 Registered No. _____
(c) City Joplin (d) Street No. 1623 Missouri St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 9 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME TESSIE WALKER 426

(a) Residence, No. 1623 Missouri St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. S. Walker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 23, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 11 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Practical Nurse
9. Industry or business in which work was done, as 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) Cedar Co., Mo.

FATHER 13. NAME W H McCain

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

MOTHER 15. MAIDEN NAME Sarah Lovall

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

17. INFORMANT (ADDRESS) Family

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Galena DATE 1-5-1938

19. FUNERAL DIRECTOR (ADDRESS) Langham Mortuary Joplin Mo

20. FILED 1-4-1938 Ev. Blama Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3 1938

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1937 to Jan. 3, 1938
I last saw her alive on Nov 30, 1937. Death is said to have occurred on the date stated above, at 4:55 P.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Intestions (Primary) of ascending colon with metastasis
Date of onset ?

Other contributory causes of importance: Ho

Name of operation clinical Date of no
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. A. Chenoweth, M. D.
(Address) Joplin Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED

FEB 25 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, Allen E. Lanpher, Licensed Embalmer No. 3574

hereby certify that the body recorded on the reverse side of this certificate was embalmed by F. M. Jones,

L. E.

No. 2319 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Allen E. Lanpher

Licensed Embalmer No. 3574

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)