

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

3135
Do not use this space.

1. PLACE OF DEATH

(a) County JASPER Registration District No. 411
 (b) Township Wagon Primary Registration District No. 5569 Registered No. _____
 (c) City Joplin (d) Street No. Rural Route 3 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 yrs. 5 mos. 11 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

JESSE DAVID WALKER 426
 (a) Residence, No. R R 3 Joplin Mo 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 male 4. COLOR OR RACE white 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) Aug 20 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 5 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 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) Joplin Mo

FATHER 13. NAME Wallace Walker

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

MOTHER 15. MAIDEN NAME Minnie Sullinger

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

17. INFORMANT (ADDRESS) Father

18. BURIAL, CREMATION, OR REMOVAL PLACE Carl Jet Cem DATE 7-1-1938

19. FUNERAL DIRECTOR (ADDRESS) Lanphen Mortuary
Joplin Mo

20. FILED 2-1-1938 Ed D James Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-28, 1938, to 1-31, 1938

I last saw him in bed on 1-31, 1938 Death is said to have occurred on the date stated above, at 12:30 P.

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

working in country
9

Other contributory causes of importance:
mother died from Park
7.2. 5 weeks plus
delirium

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 Ed D James, M. D.

(Signed) Ed D James (Address) Joplin Mo
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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 me

L. E.

No. 3574 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.)