

REC'D MAY 10 1938

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

12731

Do not use this space.

3335

1. PLACE OF DEATH

(a) County ST. LOUIS Registration District No. 791
(b) Township MISSOURI Primary Registration District No. 791
(c) City MISSOURI (d) Street No. 2745A Walnut 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 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Lue WALTON 435
(a) Residence, No. 2745A WALNUT ST. St. 22 (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 <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>JOHN WALTON, MARRIED</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>APR 3, 1871</u>		
7. AGE	YEARS	MONTHS
<u>66</u>	<u>1871</u>	<u>3</u>
		DAYS
		<u>22</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>House Wife</u>	
	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 <u>1</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>OKLAHOMA MISSISSIPPI</u>		
FATHER	13. NAME <u>WYATT HUNT</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>OKLAHOMA MISSISSIPPI</u>	
MOTHER	15. MAIDEN NAME <u>ANANDA PARHAM</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>OKLAHOMA MISSISSIPPI</u>	
17. INFORMANT (ADDRESS) <u>John WALTON 2745A WALNUT ST.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>OKLAHOMA MISSISSIPPI APRIL 8, 1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>ADAMS Undertaking 3849 Windsor Pl.</u>		
20. FILED <u>APR 9 1938</u> <u>J. P. Brudick</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1937 to April 3, 1938.
I last saw her alive on April 3, 1938. Death is said to have occurred on the date stated above, at 10:15 P.M.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Chr. Parenchymatous Nephritis
Hypertension

Date of onset Apr. 1937

Other contributory causes of importance
Hypertension

Name of operation _____ 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? No.
If so, specify _____
(Signed) Dr. E. T. Taylor, M. D.
(Address) 3136 Chouteau

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

2025-1-1 X12004

STATEMENT BY LICENSED EMBALMER

I, Ronnie Boykin, Licensed Embalmer No. 2946
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself
L. E.
No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed Ronnie Boykin
Licensed Embalmer No. 2946

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