

DESD AUG 23 1938

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

24915
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 121
 (b) Township _____ Primary Registration District No. 3009 Registered No. 183
 (c) City Cape Girardeau mo (d) Street No. St. Francis Hospital St. _____
 (e) Length of residence in city or town where death occurred yrs. 56 mos. 4 ds. 11 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Walls 430

(a) Residence, No. 401 North Street 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 col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 4 11

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

12. BIRTHPLACE (CITY OR TOWN) Cape Girardeau (STATE OR COUNTRY) Missouri

FATHER 13. NAME George Walls 14. BIRTHPLACE (CITY OR TOWN) Jenn (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Lucinda Gordon 16. BIRTHPLACE (CITY OR TOWN) Sikeston Mo (STATE OR COUNTRY) _____

17. INFORMANT Lillie Walls (ADDRESS) 401 North St. Cape Girardeau mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmont ent. DATE July 7 1938

19. FUNERAL DIRECTOR (NAME) F. J. Sparks (ADDRESS) Cape Girardeau mo.

20. FILED 7-5-38 J.M. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-3-1938

22. HEREBY CERTIFY, That I attended deceased from 6-26-38 to 7/3-38

I last saw him alive on 7/5-38 Death is said to have occurred on the date stated above, at 9 p.m.

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

PERICARDITIS
APPENDICITIS
 Date of onset 121

Other contributory causes of importance: _____
 Name of operation Appendectomy of 6/26/38
 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 _____ (Signed) W.D. Smith, M. D.

(Address) Cape Girardeau

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Frank J. Sparks

, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Frank J. Sparks

Licensed Embalmer No. *3453*

416 North St. Cape Girardeau Mo
P. O. Address _____

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.)

If this body is not embalmed, above space should be left blank.