

SEP 21 1938

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

288881
Do not use this space.

1. PLACE OF DEATH
(a) County Green Registration District No. 315
(b) Township Springfield Primary Registration District No. 2001
(c) City Springfield Street No. City Hospital Registered No. 609
(d) (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred (a) yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lack Walker 426
(a) Residence, No. 426 St. Good, Arkansas
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 25
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. UK
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) 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 (ADDRESS) Mrs Clyde Moore Springfield City Hospital
18. BURIAL, CREMATION, OR REMOVAL PLACE Haywood DATE Aug 6 38
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. Campbell 869 Wash Ave
20. FILED Aug 5 1938 Chas George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3 1938
I HEREBY CERTIFY, That I attended deceased from 1938, to 19
I last saw him in dead alive on August 2nd, 1938. Death is said to have occurred on the date stated above, at 10 am.
The principal cause of death and related causes of importance were as follows:
R.R. Accident:
Both legs cut-off below knees - & a severe scalp wound.
Date of onset 207E
Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis? examination Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury Aug 3, 1938
Where did injury occur? at R yards Springfield Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place. R.R. yards
Manner of injury Run over by a
Nature of injury freight train
24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) J. P. Ferguson M. D.
(Address) 1542 Medical arts

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,

....., or by

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

Signed.....

Licensed Embalmer No.....

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.