

1938 OCT 7

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32617
Do not use this space.

1. PLACE OF DEATH Lawrence County, Mo. 3 Registration District No. 470
 (a) City Mt Vernon
 (b) Township Mt Vernon
 (c) Lawrence County (d) Street No. Missouri State 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. 1 mos. 3 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lewis Walker
 (a) Residence, No. Marshall 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 Male
 4. COLOR OR RACE Black
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27, 1887
 7. AGE YEARS 50 MONTHS 11 DAYS 20 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 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) unknown
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall Mo.

13. NAME Al Walker

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

15. MAIDEN NAME Jennie Hawkins

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

17. INFORMANT (ADDRESS) Dr. Michael Reid Clark Missouri State St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marshall Mo. DATE Sept 16, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. D. Ferguson Marshall Mo. 421

20. FILED Sep. 16, 1938 P. A. Holmes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 15, 1938

I HEREBY CERTIFY, That I attended deceased from Aug 11, 1938, to Sept 15, 1938.

I last saw him alive on Sept 15, 1938. Death is said to have occurred on the date stated above, at 11:25 A.M.

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

Pulmonary Tuberculosis
 etc.
 Date of onset unknown

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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) M. B. K... M. D.

(Address) ...

Handwritten signature

RECEIVED

District Health Officer No. 6,

District File Number 6-38-235

Date Filed 10/5/28

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, Me

....., or by

Registered Apprentice No. 2172....., working under my personal supervision.

Signed F. W. Ferguson

Licensed Embalmer No. 2192

P. O. Address Marshall Mo

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

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