

REC'D MAR 9 1939

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

5508
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Jackson Primary Registration District No. 1092 Registered No. 707
 (c) City Keosauqua (d) Street No. 2126 Woodland 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

JEFFERSON WALKER
 (a) Residence, No. 2126 Woodland St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Maggie Walker (Keosauqua)
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-22-1862
 7. AGE YEARS 72 MONTHS 1 DAYS 22 If LESS than 1 day, hrs. or min.
 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. unemployed
 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) Camp Nelson, Ky.

FATHER 13. NAME Deot Knauer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deot Knauer

MOTHER 15. MAIDEN NAME Deot Knauer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deot Knauer

17. INFORMANT (ADDRESS) Bruce Walter (son)
2126 Woodland

18. BURIAL, CREMATION, OR REMOVAL Keosauqua
PLACE DATE 2-18-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Flynn & Breckner
Keosauqua

20. FILED 27 18 1939 M. M. Brown
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-14-1939

22. I HEREBY CERTIFY, That I attended deceased from 11-30-1938 to 2-14-1939
 I last saw him alive on Feb. 13-39 Death is said to have occurred on the date stated above, at 9 a.m.
 The principal cause of death and related causes of importance were as follows:

Paralysis
(Cerebral apoplexy) 121
 Other contributory causes of importance:
Chronic Interstitial Nephritis

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

Was disease or injury in any way related to occupation of deceased?
 If so, specify

(Signed) [Signature], M. D.
 (Address)

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.....

Edw J Evans

Licensed Embalmer No.

3836

P. O. Address.....

1819 E 1/2 St NE Mpls

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.