

1939 MAR 16 1939

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

8144
Do not use this space.

1. PLACE OF DEATH

(a) County Wayne Registration District No. 1030
 (b) Township Jefferson Primary Registration District No. 0190 Registered No.
 (c) City Medicine (d) Street No.
 (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: NOVELLA WALTON

(a) Residence, No. Medicine, Wayne Co. 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 Female
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-3-1917
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 21 1 1
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. seamstress
 9. Industry or business in which work was done, as saw mill, bank, etc. none
 10. Date deceased last worked at this occupation (month and year) Jan 25, 1939
 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Medicine, Mo
Wayne, Mo

FATHER
 13. NAME Richard J. Walton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Malden, Mo
Dunklin Co

MOTHER
 15. MAIDEN NAME Mary Emise Adams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Forrester, Mo
Wayne Co

17. INFORMANT (ADDRESS) Ernest Humphreys
Medicine, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bright prospect DATE Jan 26, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Beauford Humphreys
Medicine, Mo

20. FILED Feb 28, 1939 X Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25, 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 25, 1939, to Jan 26, 1939
 I last saw her alive on Jan 25, 1939 Death is said to have occurred on the date stated above, at 7:30am.

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

Pneumonia BIRTH Date of onset Jan 25
lung kind a about 1 hr

Other contributory causes of importance: 159

Name of operation Date of Jan 25

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 Jan 25, 1939

Where did injury occur? at home
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury accident

Nature of injury asphyxiation

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no
 (Signed) E. H. Humphreys, M. D.

(Address) Medicine, Mo

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 con
with the above constitutes grounds for revocation of license.)**

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

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

8144
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1. PLACE OF DEATH

(a) County Wayne Registration District No. 10.30
(b) Township Jefferson Primary Registration District No. 61.90 Registered No.
(c) City (d) Street No.
(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

Novella Walton
(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 8
(Write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-25-1939

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
I last saw h... alive on 19... Death is said to have occurred on the date stated above, at... m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25 1939

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

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

Date of onset

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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Other contributory causes of importance:

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

Name of operation Date of

FATHER
13. NAME

What test confirmed diagnosis? Was there an autopsy?

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

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)

MOTHER
15. MAIDEN NAME

Specify whether injury occurred in industry, in home, or in public place.

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

Manner of injury
Nature of injury

17. INFORMANT (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?

18. BURIAL, CREMATION, OR REMOVAL

If so, specify E. L. Elmwood, M. D.
(Signed) Jupico
(Address) ...

PLACE DATE 19...

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Feb 25 1939 E. H. Hessel Local Registrar.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

