

1939 APR 15

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

10236
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89
 (b) Township Poplar Bluff Primary Registration District No. 3007
 (c) City Poplar Bluff, Mo. (d) Street No. _____ 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. da. (f) How long in U. S., if of foreign birth yrs. mos. da.

2. PRINT FULL NAME Masie Walker

(a) Residence, No. Poplar Bluff, Mo. St.
 (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 M	4. COLOR OR RACE C	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>unk</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown		
7. AGE About 80	YEARS	MONTHS
	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	Com. Labor
	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) Tennessee		
FATHER	13. NAME	Unknown
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME	Unknown
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS) Fred Ross Poplar Bluff, Mo.		
18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE March 20, 1939		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Greer-Croy Service Poplar Bluff, Mo.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 19, 1939**
 22. I HEREBY CERTIFY, That I attended deceased from **3-17**, 1939, to **3-19**, 1939
 I last saw him alive on **3-17**, 1939. Death is said to have occurred on the date stated above, at **5:55 p.m.**
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Other contributory causes of importance:

Senility

Name of operation _____ Date of _____
 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? **no**
 If so, specify _____
 (Signed) **H. H. Clayton** M. D.
 (Address) **Poplar Bluff, Mo.**

20. FILED **3/20** 19**39** **Blutstein** Local Registrar.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1 X16903

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.