MAY 26 1939

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

14143
Do not use this space.

1. PLACE OF DEATH
(a) County Barry
(b) Township
(c) City Monett
Registration District No. 30
Primary Registration District No. 3003
Registered No. 14
(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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Walton,
(a) Residence, No. 109 Elm St. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 1863

7. AGE: Years 75 | Months 10 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
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) Shirley, Missouri

FATHER
13. NAME John Walton,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shirley, Missouri

MOTHER
15. MAIDEN NAME Letha Harrison,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT W. A. Lassiter,
(ADDRESS) Monett, Mo.

18. BURIAL, ~~CREMATION OR REMOVAL~~
PLACE I.O.O.F. Cemetery DATE Apr. 19, 1939

19. FUNERAL DIRECTOR Callaway's,
(ADDRESS) Monett, Mo.

20. FILED 4-18- 1939 W. M. West
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1939, to Apr 17, 1939
I last saw him alive on Apr 17, 1939. Death is said to have occurred on the date stated above, at 12 noon m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Feb 1-39

Other contributory causes of importance:

arteriosclerosis	?
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

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Ernest Mitchell, M. D.
(Address) Monett Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 6,
District File Number 6-5-39-963
Date Filed MAY 9 1939

STATEMENT BY LICENSED EMBALMER

I, J. P. Buchanan, Licensed Embalmer No. 3199

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed J. P. Buchanan

Licensed Embalmer No. 3199

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.)