

REC'D MAY 16 1939

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

14656

Do not use this space.

1. PLACE OF DEATH

(a) County Clinton Registration District No. 207
(b) Township 1 Primary Registration District No. 4123- Registered No. 27-13
(c) City Plattsburg (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 Jacob E. Walker

(a) Residence, No. Plattsburg 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 0 9

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

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

FATHER 13. NAME Henry Walker
14. BIRTHPLACE (CITY OR TOWN) Clinton County
(STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Emily Carter
16. BIRTHPLACE (CITY OR TOWN) Virginia
(STATE OR COUNTRY)

17. INFORMANT Clair Marie Walker
(ADDRESS) Plattsburg Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE April 12, 1939

19. FUNERAL DIRECTOR O'Brien-Lyon
(ADDRESS) Plattsburg Missouri

20. FILED Apr 11, 1939 Bessie Chastain
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10 1939

22. I HEREBY CERTIFY, That I attended deceased from January 7, 1939, to April 12, 1939.

I last saw him alive on April 9, 1939 Death is said

to have occurred on the date stated above, at 1 a.m.

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

Acute Uremia
following Prostate Gland
operation

Date of onset

Other contributory causes of importance:
Prostate Gland Operation

Name of operation Prostate Gland Date of 3/27/39

What test confirmed diagnosis Clinical 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?

If so, specify _____

(Signed) W. D. Reynolds M. D.

(Address) Plattsburg Mo

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.

127

RECEIVED

District Health Officer No. 11

District File Number 39-454

Date Filed MAY 8 1939

STATEMENT BY LICENSED EMBALMER

I, Darrell D. Lyon, Licensed Embalmer No. 3640

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Darrell D. Lyon

L. E.

No. 3640 or by Registered Apprentice No.

working under my personal supervision.

Signed Darrell D. Lyon

Licensed Embalmer No. 3640

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

14656

Do not use this space.

1. PLACE OF DEATH

(a) County Clinton Registration District No. 207
 (b) Township Primary Registration District No. 4125 Registered No.
 (c) City Plattsburg (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 Jacob E. Walker

(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

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 0 9

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.

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19.....

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-10, 1939

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive 19..... Death is said

to have occurred on the date stated above, at m.

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

acute anemia
following prostate gland
operation 127
prostate gland operation
hypertrophy
prostate gland

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) S. D. Reynolds, M. D.

(Address) Plattsburg mo

SUPPLEMENTARY

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.

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

