REC'D JUN 8 1939

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

17637
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson 3 Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 2079
(c) or City Kansas City (d) Street No. 7334 Belleview 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 17 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
4'25

2. PRINT FULL NAME John F. Walton
(a) Residence, No. 3728 Baltimore Ave. 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 Mrs. Leona Walton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3 1867

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
71	10	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Formerly Yard Clerk
9. Industry or business in which work was done, as saw mill, bank, etc. C. & A. Railroad
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) Missouri 0

FATHER
13. NAME John Walton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4

MOTHER
15. MAIDEN NAME Betty Tillman 0
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. L.C. Dobbins
(ADDRESS) 7334 Belleview St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE 5-16-39, 19

19. FUNERAL DIRECTOR (NAME) Freeman Mortuary
(ADDRESS) Kansas City Missouti

20. FILED May 17, 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/14/39, 19

22. I HEREBY CERTIFY, That I attended deceased from Chronic, ..., 19...
I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at 7 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion (Sclerotic)	
Chronic fibrous myocarditis	

Other contributory causes of importance:

No

Name of operation ... Date of ...
What test confirmed diagnosis? Autopsy 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) ..., M. D.
(Address) ...

(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.

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 co with the above constitutes grounds for revocation of license.)

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