

1939 JUN 20 1939

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

18771
Do not use this space.

1. PLACE OF DEATH
 (a) County Howard, Registration District No. 378
 (b) Township _____ Primary Registration District No. 4222 Registered No. 25-
 (c) City Fayette, (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 Lula Farris 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (OR) WIFE OF John C. Walker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8--29th 1864

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>74</u>	<u>7</u>	<u>5</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 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

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri,
 13. NAME John Farris,
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky,

MOTHER
 15. MAIDEN NAME Emily Coppage,
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky,

17. INFORMANT Isaac Farris,
 (ADDRESS) Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery, DATE 4--6th 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Guy T. Halley,
Fayette, Mo.

20. FILED June 6 1939 V. O. Bonham
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4--4th 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from 1928, 1928 to 4-4, 1939
 I last saw him alive on 4-4, 1939. Death is said to have occurred on the date stated above, at 8:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage + Date of onset 3.24.39
Left hemisphere 59
 Other contributory causes of importance: Diabetes mellitus + 1935
Chronic Hypertension + 1928
myocarditis
 Name of operation none Date of _____
 What test confirmed diagnosis? Autopsy 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) W. J. Shaw, M. D.
339 (Address) Fayette Mo.

WHITE PAPER, 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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6/13/39

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.