

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

Do not use this space.

40445

1. PLACE OF DEATH

County Pemiscot

Registration District No. 653

Township 1

Primary Registration District No. 4390

City Hayti

(No. _____) St. _____ Ward _____

2. FULL NAME James Houston Walker

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 11, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 3 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. insurance agent

9. Industry or business in which work was done, as silk mill, 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) Dunklin County, Mo. (STATE OR COUNTRY)

13. NAME James William Walker

14. BIRTHPLACE (CITY OR TOWN) Dyer County, Tenn. (STATE OR COUNTRY)

15. MAIDEN NAME Julia Holmes

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

17. INFORMANT E. C. Walker (ADDRESS) Hayti, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE 11/20/39

19. UNDERTAKER Ray Undertaking Co. (ADDRESS) Hayti, Mo.

20. FILED 11/19 1939 Pearl Kelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-19-1939

22. I HEREBY CERTIFY, That I attended deceased from 11-19-1939 to 11-19-1939

I last saw him alive on 11-19-1939. Death is said to have occurred on the date stated above, at 4 p.m.

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

Coronary Heart Disease Date of onset _____

Other contributory causes of importance: 44%

Name of operation _____ Date of _____
 What test confirmed diagnosis? 378 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 _____

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) Dr. Shively _____, M. D.
 (Address) Hayti, 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.

RECEIVED

District Health Officer No. 3

District File Number 1289-70

Date Filed 12/14/51