

NOV 15 1940

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

43846
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 471
(b) Township Pierce Primary Registration District No. 4284 Registered No. 25
(c) City Pierce City (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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

435 Uras Walton
(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 Married
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 13, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 9 5

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) Canada NY

FATHER 13. NAME Mrs Walton 4

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England NY

MOTHER 15. MAIDEN NAME Sarah Heenble

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

17. INFORMANT (ADDRESS) Mrs Maloney Walton
Pierce City

18. BURIAL, CREMATION, OR REMOVAL PLACE Pierce City DATE Mo 17/20/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm Heenble

20. FILED 12/9 1939 P. R. Wright
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 18 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17 1939 to Dec 17 1939

I last saw him alive on Dec. 17 1939. Death is said to have occurred on the date stated above, at 9:15 a. m.

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

Coronary Embolism

Date of onset 12-17

Other contributory causes of importance: 94 B

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) J. Mason Lyons M. D.
(Address) Pierce City 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

STATE OF MISSISSIPPI

District Health Officer No. 6, DISTRICT OF HANCOCK

District File Number 140-206

Date Filed JAN 11 1940

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 *John Russell Jr*

Licensed Embalmer No. 1512

P. O. Address *Plum City, Miss*

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.