

JAN 8 1940

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

44243
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 1102

(b) Township Pascala Primary Registration District No. 5870 Registered No. _____

(c) 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 Beatrice Mayfield Walker

(a) Residence, No. _____ 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 F 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-4-1919

7. AGE YEARS 20 MONTHS 9 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housekeeper

9. Industry or business in which work was done, as saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) 12-26-39 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Miss!

13. NAME Dave Mayfield ;

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Miss!

15. MAIDEN NAME Gla. Wright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Miss!

17. INFORMANT (ADDRESS) Dave Mayfield Pascala, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pascala Mo DATE 12, 29, 1939

19. FUNERAL DIRECTOR (ADDRESS) Mrs. E. Smith

20. FILED Dec 30 1939 Mrs. T. R. Cole Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1939, to Dec. 28, 1939. I last saw her alive on Dec. 1, 1939. Death is said to have occurred on the date stated above, at 8:30 p.m.

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

Broncho pneumonia Date of onset 12-26-39

Other contributory causes of importance: febrile + B. ?

Name of operation _____ Date of _____

What test confirmed diagnosis? X-ray 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) Asst. Shiner _____, M. D.

(Address) Hayti, Mo.

WRITE PLAINLY, 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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
.....L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed.....
Licensed Embalmer No.

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.)