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.

APR 26 1932

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

Do not use this space.
8060

1. PLACE OF DEATH
39 County Greene — Registration District No. 318
3 Township — Primary Registration District No. 2001
5 City Springfield (No. 2150 Kellett St. Ward)

File No.
Registered No. 178

2. FULL NAME James K. Walton
(a) Residence, No. 2150 Kellett St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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~~ Nevada Walton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25-1855

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
76	10	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
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) Ky. 2

FATHER
13. NAME Wm. Walton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Nevada Walton Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Lawn Cemetery DATE March 4, 1932

19. UNDERTAKER (ADDRESS) J. W. Klingner & Co. Springfield, Mo.

20. FILED 2-4, 1932 Lon Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

B

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-2-1932

22. I HEREBY CERTIFY, That I attended deceased from one Feb. 23, 1932, to One Visit, 19
I last saw him alive on Feb. 23, 1932. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

Final Pneumonia?
Influenza
11A
162
109A
Senile Dementia

Date of onset

Other contributory causes of importance:

Name of operation (1) Date of
What test confirmed diagnosis? 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? No
If so, specify
(Signed) S. W. Tickel, M. D.
(Address) Springfield Mo.

1/183