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.

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

39335
Do not use this space.

1. PLACE OF DEATH
(a) County DEC 13 1937 Registration District No. 791
(b) Township Primary Registration District No. 1003 Registered No. 10322
(c) City St Louis (d) Street No. At City Hospital No. 2. 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 James T. Walton
(a) Residence, No. 1100 North Channing Ave St. 21
(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: Male
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: School Boy
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 5 1923
7. AGE: YEARS 13 MONTHS 10 DAYS 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: School Boy
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): Pine Bluff Ark

FATHER
13. NAME: Monroe Walton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pine Bluff Ark

MOTHER
15. MAIDEN NAME: Rosia Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pine Bluff Ark

17. INFORMANT (ADDRESS): Rosia Walton 1100 No Channing Ave
18. BURIAL, CREMATION, OR REMOVAL PLACE: Washington Park DATE: Nov 8, 1937
19. FUNERAL DIRECTOR (ADDRESS): Jas. H. Randle & Son 3133 Bell Ave
20. FILED: 9 AUG. 19 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-3-1937, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:30 m A. M.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia;

Date of onset

Other contributory causes of importance:
Lues.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

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: See above
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Joseph M. Lynn, M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Arthur L. Heilliard, Licensed Embalmer No. 3389

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 Arthur L. Heilliard

Licensed Embalmer No. 3389

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)