

REC'D JUL 19 1938

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

21513

Do not use this space.

1. PLACE OF DEATH

(a) County Cape Registration District No. 125
(b) Township Cape Primary Registration District No. 3009
(c) City Cape Girardeau (d) Street No. Browns Addition Registered No. 176
(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. da. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Kenneth Ray Walton

(a) Residence, No. Browns Addition 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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 1, 1938
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
3 22
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
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) Cape Girardeau Mo.
FATHER 13. NAME Emery Walton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ester Mo.
MOTHER 15. MAIDEN NAME Mildred Adams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo.
17. INFORMANT (ADDRESS) Emery Adams Cape Girardeau Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Dongola Mo. Cem. DATE 6-24-1938, 19...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-23, 193822. 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 10:20 AM.

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

S. E. A. Trickey, Coroner of Cape Co
After being the licensee given
in the Coroner's Consulting and
found that the deceased Kenneth
Ray Walton came to his death
Date of onset

Other contributory causes of importance:

See coroner's report
to me

Name of operation..... 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?.....

If so, specify.....

(Signed) E. R. Trickey, Coroner, Mo.(Address) H. S. Pacific St. Cape Gir.20. FILED 6-23-38 J. M. Thompson Local Registrar.

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,

L. L. Haman

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

L. L. Haman

Licensed Embalmer No.....

2863

P. O. Address.....

Cape Girardeau

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.