

REC'D JUL 25 1938

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

22678

Do not use this space.

## 1. PLACE OF DEATH

(a) County Pike Co. Registration District No. 689  
 (b) Township Buffalo Primary Registration District No. 3033 Registered No. \_\_\_\_\_  
 (c) City Louisiana (d) Street No. Pike Co. Hospital \_\_\_\_\_ 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

(a) Residence, No. Walker (not named) Louisiana, Mo. St.  426  
 (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 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) 6-3-38

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 4 hrs. or 4 min.

OCCUPATION 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) Louisiana, Mo

FATHER 13. NAME Ralph Manning Walker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe City, Mo

MOTHER 15. MAIDEN NAME Michael Snyder

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rea and Ke, Mo

17. INFORMANT (ADDRESS) R M Walker Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Monroe City, Mo DATE 6/4/38

19. FUNERAL DIRECTOR (ADDRESS) F M Welton Louisiana Mo

20. FILED 6/4/38 J. H. Kelly Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-3-38

22. I HEREBY CERTIFY, That I attended deceased from 6-3-38, 1938 to 6-3-38, 1938

I last saw him alive on 6-3-38 1938 Death is said to have occurred on the date stated above, at SHOP m.

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

Macrocephalic

157 A

Date of onset

Other contributory causes of importance: \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? CL Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? none of injury \_\_\_\_\_, 1938

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 none

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify Macrocephalic

(Signed) J. H. Kelly, M. D.

(Address) Louisiana Mo

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**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.)**