

REG SEP 23 1938

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

29609

Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 1046
 (b) Township Shoal Creek Primary Registration District No. 5810 Registered No. _____
 (c) City Joplin R. 2 (d) Street No. R. 2 St. _____
 (e) Length of residence in city or town where death occurred 45 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. R. 2 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marcellus Ann Walton

I HEREBY CERTIFY, That I attended deceased from June 12 1938, to Aug 4 1938
 last saw him alive on July 21 1938. Death is said to have occurred on the date stated above, at 4:45 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1, 1851

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 8 3

General arteriosclerosis Date of onset ✓

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Minister
 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 1

Other contributory causes of importance:
✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dipton County Indiana

Name of operation _____ Date of _____

13. NAME Louis Samuel Walton

Name of operation _____ Date of _____
 What test confirmed diagnosis Chinid Was there an autopsy? No

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

15. MAIDEN NAME Elsie Ann Headley

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Elsie King 2674 1/2 Blvd Joplin

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Anderson Mo. DATE Aug 6 1938

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lanphe Mathewy Joplin Mo.

(Signed) Howard Joplin M. D.
 (Address) Joplin Mo.

20. FILED 8-6 1938 Edw Joplin Local Registrar. #372

Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6;

District File Number

6-38-181

Date Filed

9/20/38

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,

Allen

E. Lanpher

, or by

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

Signed

Allen E. Lanpher

Licensed Embalmer No.

34574

P. O. Address

Joplin, Mo.

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.