

DEC'D MAR 15 1939

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

6045
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89
(b) Township Poplar Bluff Primary Registration District No. 5121 Registered No. 39
(c) City Poplar Bluff (d) Street No. _____ 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

Wiley Moses Walker
(a) Residence, No. R. E. D. #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

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 Amelia Walker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 20, 1880

7. AGE YEARS 58 MONTHS 2 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
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) Melville, (STATE OR COUNTRY) Ill.

FATHER 13. NAME L. B. Walker

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

MOTHER 15. MAIDEN NAME Elizabeth Levi

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

17. INFORMANT Ralph Walker (ADDRESS) Las Vegas, Nev.

18. BURIAL, CREMATION, OR REMOVAL PLACE City DATE 2-24 1939

19. FUNERAL DIRECTOR (NAME) Frank Undertaking Co. (ADDRESS) Poplar Bluff, Mo.

20. FILED 2/24 1939 W. B. Bluminger Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-22-1939

22. I HEREBY CERTIFY, That I attended deceased from 2-22 1939, to 2-22 1939

I last saw him alive on 2-22 1939. Death is said to have occurred on the date stated above, at 11 P. m.

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

Myocardial infarction
Date of onset 2-22-39

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy 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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) W. B. Bluminger, M. D.

(Address) Poplar Bluff, Mo.

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, _____

_____ or by _____

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

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.