

MAY 12 1939

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

14136  
Do not use this space.

1. PLACE OF DEATH  
(a) County DeKalb Registration District No. 79  
(b) Township Salem Primary Registration District No. 5036 Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
(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.  
4-26  
2. PRINT FULL NAME John William Walker  
(a) Residence, No. R.P.D. Centralia, Mo. St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-3 1854  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
84 4 11  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ironer  
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) Cardoyle Mo  
13. NAME Thomas Clellan Walker  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
15. MAIDEN NAME Charlotte Dorsey  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska  
17. INFORMANT W.H. Walker  
(ADDRESS) Centralia Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Centralia Mo Cem DATE 4/16/39  
19. FUNERAL DIRECTOR M. McDonald  
(ADDRESS) Centralia Mo  
20. FILED 4/16 1939 W.H. Walker  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-14 1939  
22. I HEREBY CERTIFY, That I attended deceased from Apr. 12 1939 to Apr. 14 1939  
I last saw her alive on Apr. 14 1939. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 4/6  
J.W.W.  
Other contributory causes of importance: Senility

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Phys. Exam Was there an autopsy? no  
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? no  
If so, specify \_\_\_\_\_  
(Signed) W.H. Walker, M. D.  
905 (Address) Centralia Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, M. J. McDonald, Licensed Embalmer No. 2589

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed M. J. McDonald

Licensed Embalmer No. 2589

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.)