REC'D MAY 22 1939

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

15414
Do not use this space.

1. PLACE OF DEATH
(a) County Livingston | Registration District No. 5-08
(b) Township | Primary Registration District No. 3026 | Registered No. 58
(c) City Chillicothe (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 38 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
4.2.6

2. PRINT FULL NAME Lottie WALKER
(a) Residence, No. 109 East 3rd St. St.
(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: FEMALE
4. COLOR OR RACE: COLORED
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John WALKER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) UNKNOWN

7. AGE: Years 84 | Months 0 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE
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 unk

12. BIRTHPLACE (CITY OR TOWN) UNKNOWN
(STATE OR COUNTRY) UNKNOWN

FATHER
13. NAME Hampton ARNOLD
14. BIRTHPLACE (CITY OR TOWN) UNKNOWN
(STATE OR COUNTRY) UNKNOWN

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) UNKNOWN
(STATE OR COUNTRY) UNKNOWN

17. INFORMANT Lillie Walker
(ADDRESS) Chillicothe Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE North Cem. DATE April 15 1939

19. FUNERAL DIRECTOR F. A. Meinershagen
(ADDRESS) Chillicothe Mo

20. FILED 4/15/1939 Donald M. Lovell, M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12 1939

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1939 to April 12, 1939
I last saw h[illegible] alive on April 12, 1939. Death is said to have occurred on the date stated above, at 7:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart decompensation	
93C	

Other contributory causes of importance:
Chronic Myocarditis

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) R. J. Brennan, M. D.
(Address) Chillicothe, Missouri

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
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.
1 X12004

RECEIVED
District Health Officer No. 11
File Number 39-495
MAY 11 1939

STATEMENT BY LICENSED EMBALMER

I, Elmer Thomas, Licensed Embalmer No. 2640

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

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Elmer Thomas

Licensed Embalmer No. 2640

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.)