

REC'D JUL 17 1939

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

23492
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon 3 Registration District No. 875

(b) Township Washington 1 Primary Registration District No. 662 Registered No. 149

(c) City Woodville (d) Street No. State High # 3 Nevada Mo. 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME ALONZO WALKER

(a) Residence, No. Nevada Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Alonzo Walker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5-1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 54 8 6

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

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) Barry County, MO

13. NAME Webb Walker 1

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

15. MAIDEN NAME Lessie Hunter 1

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

17. INFORMANT (ADDRESS) Hosp Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Hosp Cemetery DATE June 13, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Allen W. Hays Nevada, Mo.

20. FILED June 12, 1939 Allen W. Hays Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-11, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1939 to 6-11, 1939

I last saw him alive on 6-11, 1939. Death is said to have occurred on the date stated above, at 9:55 P.M.

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

Parisis

Other contributory causes of importance: Cachexia

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Y

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) J. Hays, M. D.

(Address) State High # 3 Nevada Mo.

Date of onset
?
5-10-39

WHITE 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.

RECEIVED

District Health Officer No. 7;

District File Number 7-39-1040

Date Filed 7-13-39

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 Allen V. Kays

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.