

James Walker

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
Where Suffixes are given as cause of Death, Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 PLACE OF DEATH TEXAS STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH
County Williamson Reg. Dis. No. 3828D B. O. V. S. Registered No. 3828D

City Taylor, Texas No. _____ St. _____ Ward _____
2 FULL NAME James Stephen Walker (y.s.) RESIDENCE NO. Lateville, Texas
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

6 DATE OF BIRTH December 16 1903
(Month) (Day) (Year)

7 AGE 23 yrs. 1 mos. 6 ds.
If less than 2 years state if breast fed _____ If less than 1 day _____
Yes _____ No _____ yrs. _____ mos. _____ ds.

8 OCCUPATION Student Baylor University
(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) _____

10 NAME OF FATHER G. B. Walker

11 BIRTHPLACE OF FATHER (State or country) _____

12 MAIDEN NAME OF MOTHER _____

13 BIRTHPLACE OF MOTHER (State or country) _____

14 THE ABOVE IS TRUE
(Informant) George S. Kilew
(Address) Baylor Univ. Waco, Tex

15 Filled Feb 4 1927 H. S. Jones Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH Jan 27 1927
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 192____, to _____, 192____
that I last saw him _____ alive on _____, 192____
and that death occurred on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
Road accident
Ind. 2 Black (duration) _____ yrs. _____ mos. _____ ds.
Contributory (Secondary) _____
(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted _____
if not at place of death? _____
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis? _____
(Signed) _____ M. D.
_____ 192____ (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

19 PLACE OF BURIAL OR REMOVAL Lateville DATE OF BURIAL Jan 24 1927

20 UNDERTAKER Forwood ADDRESS Taylor

Williamson County, Texas, death certificate no. 3828D (1927), James Stephen Walker; "Texas, Deaths 1890–1976," digital images, <i>FamilySearch</i> (https://familysearch.org : accessed 5 June 2012); citing Bureau of Vital Statistics, Texas Death Records, State Registrar's Office, Austin.