

TEXAS DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF DEATH

44317

1. PLACE OF DEATH  
STATE OF TEXAS  
COUNTY OF Uvalde  
CITY OR PRECINCT NO. Uvalde  
GIVE STREET AND NUMBER OR NAME OF INSTITUTION 720-E Main

2. FULL NAME OF DECEASED John Walker  
LENGTH OF RESIDENCE WHERE DEATH OCCURRED 5 YEARS 8 MONTHS 2 DAYS (SOCIAL SECURITY NO. 467-016998)  
RESIDENCE OF THE DECEASED | STREET AND NO. 720-E Main | CITY Uvalde | COUNTY Uvalde | STATE Texas

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL PARTICULARS	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	17. DATE OF DEATH <u>Oct 2</u> 1947		18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Oct 1st</u> 1947 TO <u>Oct 2nd</u> 1947	
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (WRITE THE WORD) <u>Divorced</u>	6. DATE OF BIRTH <u>Jan 22-1893</u>	I LAST SAW HIM/LIVE ON <u>Oct 1st</u> 1947		THE DEATH OCCURRED ON THE DATE STATED ABOVE <u>unknown</u> M.	
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY <u>54</u> <u>8</u> <u>2</u>	8A. TRADE, PROFESSION OR KIND OF WORK DONE <u>Carpenter &amp; Contracting</u>	THE PRIMARY CAUSE OF DEATH WAS: <u>after</u> <u>my</u> <u>death</u>		CONTRIBUTORY CAUSES WERE: <u>Arterial Hypertension</u>	
8B. INDUSTRY OR BUSINESS IN WHICH ENGAGED <u>Contracting</u>	9. BIRTHPLACE (STATE OR COUNTRY) <u>Arkansas</u>	IF NOT DUE TO DISEASE, SPECIFY WHETHER: ACCIDENT, SUICIDE, OR HOMICIDE		DATE OF OCCURRENCE	
10. NAME FATHER <u>Geo R Walker</u>	11. BIRTHPLACE (STATE OR COUNTRY) <u>Arkansas</u>	DATE OF OCCURRENCE		PLACE OF OCCURRENCE	
12. MAIDEN NAME MOTHER <u>Elizabeth Matthews</u>	13. BIRTHPLACE (STATE OR COUNTRY) <u>Texas</u>	MANNER OR MEANS IF RELATED TO OCCUPATION OF DECEASED, SPECIFY		SIGNATURE	
14. SIGNATURE Informant <u>Joac Lerman</u>	15. PLACE OF BURIAL OR REMOVAL <u>Uvalde</u> TEXAS	DATE <u>Oct 4</u> 1947		SIGNATURE <u>J. C. Wood</u> M.D. COR.	
ADDRESS Informant <u>720-E Main - Uvalde</u> TEXAS	16. SIGNATURE Undertaker <u>Carl Bess</u>	ADDRESS <u>Uvalde</u> TEXAS		ADDRESS <u>Uvalde Tex</u> TEXAS	
20. FILE NUMBER <u>207</u>	FILE DATE <u>Oct. 30</u> 1947	SIGNATURE OF LOCAL REGISTRAR <u>A. Williams</u>	POSTOFFICE ADDRESS <u>Uvalde</u> TEXAS		

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

178-2

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94-2



Uvalde County, Texas, death certificate no. 44317 (1947), John Walker; "Texas, Deaths 1890&ndash;1976," digital images, \_FamilySearch\_ (<https://familysearch.org> : accessed 5 June 2012); citing Bureau of Vital Statistics, Texas Death Records, State Registrar's Office, Austin.