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20 DEPARTMENT OF PUBLIC HEALTH **CERTIFICATE OF DEATH** DIVISION OF VITAL STATISTICS  
BIRTH NO. 0023 STATE OF TENNESSEE<sup>4201</sup> DEATH NO. 50-14240  
COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

1. NAME *Walter Walker*<sup>426</sup> 2. DATE OF DEATH *6-28-50*  
FIRST MIDDLE LAST MONTH DAY YEAR  
3. COLOR OR RACE *W* 4. SEX *M* 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) *Single* 6. DATE OF BIRTH MONTH DAY YEAR 7. AGE (IN YEARS LAST BIRTHDAY) *92* IF UNDER 1 YR. MONTHS DAYS IF UNDER 24 HRS. HOURS MINS.

8. PLACE OF DEATH 9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission)  
A. COUNTY *Shelby* B. CIVIL DISTRICT *N-R* A. STATE *Miss* B. COUNTY *Marshall* CIVIL DISTRICT  
C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) *Memphis* D. LENGTH OF STAY IN THIS PLACE *8 hrs.* D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) *Byhalia*  
E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address and Location) *Baptist Hosp.* E. STREET (IF RURAL, GIVE LOCATION) ADDRESS *Byhalia*

10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) *Former* 10B. KIND OF BUSINESS OR INDUSTRY *Form* 11. SOCIAL SECURITY NUMBER *none*  
12. WAS DECEASED EVER IN U.S. ARMED FORCES? SPECIFY, YES, NO, UNKNOWN IF YES, GIVE WAR AND DATES OF SERVICE 13. BIRTHPLACE (State or Foreign Country) *Texas* 14. CITIZEN OF WHAT COUNTRY? *USA*

15. FATHER'S NAME *Elijah Millington Walker* 16. MOTHER'S MAIDEN NAME *Don't know* 17. INFORMANT ADDRESS *Miss Maude Walker, 1822 Breton PK Memphis, Tenn.*

18. CAUSE OF DEATH MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* *(A) Acute Coronary infarction* *4201*  
ANTECEDENT CAUSES *none*  
MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) *none*  
DUE TO (C)  
2. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20A. AUTOPSY YES  NO  20B. FINDINGS AT AUTOPSY  
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) 21B. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Build'g, etc.) 21C. PLACE OF INJURY CITY, TOWN OR RURAL COUNTY STATE  
*RECEIVED JUL 1 1950*

21D. TIME OF INJURY MONTH DAY YEAR HOUR 21E. INJURY OCCURRED WHILE  NOT WHILE  AT WORK AT WORK 21F. HOW DID INJURY OCCUR? *STATE HEALTH DEPT*

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE SIGNATURE *Michael E. Shaker* M.D. OTHER  (SPECIFY) ADDRESS *Baptist Mem Hosp* DATE *6-28-50*

23A. BURIAL, CREMATION, REMOVAL (SPECIFY) *Burial* 23B. DATE OF BURIAL, CREMATION, OR REMOVAL *6-29-50* 23C. NAME OF Cemetery or Crematory *Byhalia* 23D. LOCATION CITY, TOWN OR COUNTY STATE *Byhalia, Miss*

24. FUNERAL DIRECTOR ADDRESS *Beatty Home, Olive Road, Miss* 25. REGISTRATION DIST. NO. *798* 26. DATE SIGNED BY LOCAL REG. *JUN 28 1950* 27. REGISTRAR'S SIGNATURE *L.M. Isom*

By *L.M. Isom* Deput