

SOCIAL SECURITY NO. *none*

If veteran, name was *none*

# CERTIFICATE OF DEATH

MISSIGAN DEPARTMENT OF HEALTH  
Bureau of Records and Statistics

State File No.

FULL NAME

*Hyghell William Walker*

Local File No. *5*

PLACE OF DEATH:

County *Eaton*

Township

City or Village *Vermontville Mich.*

Name of hospital

(If not in hospital, give street address.)

Length of stay: In hospital

In this community *8 yrs*

USUAL RESIDENCE OF DECEASED:

State *Mich.* County *Eaton*

Township

City or Village *Vermontville Mich.*

Street No. *190 West 5th Street*

If foreign born, how long in U. S. A.? \_\_\_\_\_ years

Sex

*M*

Color or Race

*White*

Single, Married, Widowed or Divorced

*Married*

NAME OF HUSBAND or WIFE

Name *Bertie Walker* Age, if alive *59*

Birth date of deceased *Oct 2 - 1888*

Age: Years *76* Months *1* Days *4* If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

Birthplace

*Arkansas*

Usual occupation

*Retired*

Industry or business

Father

Name *Richard Walker*

Birthplace

*Tenn.*

Mother

Maiden Name *Emily Tooley*

Birthplace

*Arkansas*

Informant

*Mrs Bertie Walker*

Address

*Vermontville Mich.*

(Burial, cremation or removal (Circle the word which applies)

Place *Vermontville Mich.*

Cemetery *Woodlawn* Date *Nov 8, 1944*

Funeral director's signature

*R. K. Ward*

Address

*Vermontville Mich.*

Filed *Nov 8, 1944* *A. L. Barmingham* Local Registrar

## MEDICAL CERTIFICATION

Date of death *Nov 6, 1944*

I hereby certify that I attended the deceased from *Jan 7, 1944* to *Nov 6, 1944* I last saw him alive on *Nov 6, 1944* Death is said to have occurred on the date stated above at *2:30 A.M.*

Immediate cause of death

*Carcinoma Lower Jaw*

Other contributory causes of importance

Major findings and dates:

Of operations

Of autopsy

In case of violence, state if accident, homicide or suicide

Date \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city, county, or state)

In industry, home or public place?

Was disease or injury related to occupation of deceased?

Signature *E. L. D. McLaughlin M.D.*

Address *Vermontville Mich.*

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