

WRITE 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. See instructions on back of certificate.

STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Putnam
 Civil Dist. 14
 or Village Monterey
 or City Lebanon (No. 2 St. 1 Ward)

Registration District No. 4721 File No. 120
 Primary Registration District No. _____ Registered No. _____

2 FULL NAME Robert Elmo Walker

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH Sept 25 1882
(Month) (Day) (Year)

7 AGE 37 yrs. 0 mos. 0 ds. If LESS than 1 day, 0 hrs. or 0 min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work Lumberman
 (b) General nature of industry, business, or establishment in which employed (or employer) W.D.

9 BIRTHPLACE (State or country) Tenn

PARENTS

10 NAME OF FATHER J.C. Walker

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Lucy Ray

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] J.C. Walker
 [Address] Monterey

15 Filed Feb 16 1920 J. E. Clouse REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 16 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____ 191____ to _____ 191____, that I last saw h. _____ alive on _____ 191____, and that death occurred, on the date stated above, at _____ M.

The CAUSE OF DEATH* was as follows:
Heart
Leukemia
 [Duration] _____ yrs. _____ mos. _____ ds.

Contributory Leukemia
 [SECONDARY] [Duration] _____ yrs. _____ mos. _____ ds.

Signed D. W. Johnson, M. D.
 _____ 191____ Address Monterey

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]
 At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Monterey DATE OF BURIAL _____ 191____

20 UNDERTAKER Beognover & Son ADDRESS Lebanon