

PLACE OF DEATH

TEXAS STATE BOARD OF HEALTH
Bureau of Vital Statistics

2423-316-50M

County Travis

STANDARD CERTIFICATE OF DEATH

Registered No. 574City Austin (No. 3900 Ave. C, St.; 33061 Ward)2 FULL NAME Lewis Edward Walker [If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed, or Divorced Married
(Write the word)6 DATE OF BIRTH June 26-1954
(Month) (Day) (Year)7 AGE 65 yrs. 4 mos. 26 ds.
If less than 2 years state if breast fed If less than 1 day
Yes No hrs. mins.8 OCCUPATION
(a) Trade, profession, or particular kind of work Cosmetician
(b) General nature of industry, business, or establishment in which employed (or employer) R.R. etc9 BIRTHPLACE (State or country) Miss10 NAME OF FATHER Isaac V. N. Walker11 BIRTHPLACE OF FATHER (State or country) New York12 MAIDEN NAME OF MOTHER Mary C. Davis13 BIRTHPLACE OF MOTHER (State or country) New York

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lewis Walker(Address) 3900 Ave C Austin

15

Filed 11/29, 1919 Davis Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH Nov 10, 1919
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 10.20, 1919, to 11.10, 1919that I last saw him alive on 11.4, 1919, and that death occurred, on the date stated above, at 3:05 p.m.The CAUSE OF DEATH* was as follows:
Archie-Remy diseaseContributory Rheumatism

(Duration) yrs. mos. ds.

Contributory (Secondary) Rheumatism

(Duration) yrs. mos. ds.

(Signed) Wm A Shipp M. D.
11.15, 1919 (Address) 306 W P

*Use International List of Cause of Death—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, DATE OF BURIAL

Oakwood Cemetery 11/12, 1919

20 UNDERTAKER ADDRESS

Woodard AustinSTATE OF TEXAS
COUNTY OF TRAVIS

I HEREBY CERTIFY THAT THE ABOVE IS AN EXACT PHOTOGRAPHIC COPY OF THE ORIGINAL CERTIFICATE FILED IN THE BUREAU OF VITAL STATISTICS, TEXAS DEPARTMENT OF HEALTH, AUSTIN, TEXAS.

ISSUED JAN 26 1981

McCarroll
STATE REGISTRAR

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Where Stillborn is given as cause of Death, file birth certificate. 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.