STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

69927

1 PLACE OF DEATH: County Jefferson — Registration District No. 651 — File No.
Township — Primary Registration District No. 8274 — Registered No. 679
or Village — No. 100 Market St., 2nd Ward
or City of Steubenville
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2 FULL NAME William W. Walker — Did Deceased Serve in U. S. Navy or Army?
(a) Residence. No. 100 Market St., 2nd Ward.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR or RACE: Negro
5. SINGLE, MARRIED, Widowed or Divorced: Single
3a. If Married, Widowed, or Divorced, Husband of (or) Wife of: Single
6. DATE OF BIRTH (month, day, and year): June 1859
7. AGE (years): 78 | Months: 5 | Days: - | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as *spinner, sawyer, bookkeeper*, etc.: Retired Manager
9. Industry or business in which work was done, as *silk mill, saw mill, bank*, etc.: W. W. Hotel
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Steubenville, Ohio.

FATHER
13. NAME: Dr. Moses Walker
14. BIRTHPLACE (city or town) (State or country): Pa.

MOTHER
15. MAIDEN NAME: Maria Simpson
16. BIRTHPLACE (city or town) (State or country): Ohio.

17. INFORMANT. The Signature of and (Address): Thomas Walker, Steubenville, Ohio.
18. BURIAL, CREMATION, OR REMOVAL. Place: Union Cem. Date: Nov. 26 193
19. FUNERAL FIRM: Thomson Funeral Home
19a. BURIED BY: Chas. Thomson Lic. No. 1591. Address: 219 Dessville Pkg.
19b. EMBALMER: John A. Bradley Lic. No. 1390A
20. FILED: 11-27 193 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov 23rd, 1937
22. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 193 7, to Nov. 23, 193 7.
I last saw h[illegible] alive on Nov. 21, 193 7, death is said to have occurred on the date stated above at 9:55 A m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

	Date of onset
Pneumonia	
Hypostatic	
Edema	
Lungs	

CONTRIBUTORY CAUSES of importance not related to principal cause:
Hypostatic Edema of Lungs

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury: 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify:
(Signed) [illegible] M. D.
Date Nov 26 193 7 Address Steubenville O

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.