

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State File No. 17207

State of Oklahoma 40-00001

Registrar's No. 283

1 PLACE OF DEATH:
 (a) County LeFlore
 (b) City or town Poteau
(If outside city or town limits, write RURAL)
 (c) Name of hospital or institution Woodson Hospital, Poteau
(If not in hospital or institution write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days 435

2. USUAL RESIDENCE OF DECEASED:
 (a) State Oklahoma (b) County LeFlore
 (c) City or town Poteau
(If outside city or town limits, write RURAL)
 (d) Street No. _____
(If rural give location)
 Yes or No _____
 (e) Citizen of foreign country? _____
 If yes, name country _____

3(a) FULL NAME David M. Walton
3 (b) If veteran, name war None
3 (c) Social Security No. None

4. Sex M **5. Color or** W **6(a) Single, widowed, married,** divorced Married
6 (b) Name of husband or wife Della Wages Walton **6(c) Age of husband or** _____
wife, if alive _____
 years. _____

7. Birth date of deceased Unknown 1871
(Month) (Day) (Year)

8. AGE: Years 73 Months _____ Days _____ If less than one day _____
 hr. _____ min. _____

9. Birthplace Unknown Unknown
(City, town, or country) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business None

12. Name Unknown

13. Birthplace Unknown Unknown
(City, town, or country) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown
(City, town, or country) (State or foreign country)

16. (a) Informant's own signature Lester Walton

(b) Address #3, Keata, Okla.

17 (a) Burial **(b) Date thereof** 11-23-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Keata

Was body embalmed? Yes X No _____
Signature of embalmer R. L. Pearson

18. (a) Signature of funeral director R. L. Pearson

(b) Address Keata, Okla.

19 (a) 12-5-44 **(b)** R. L. Pearson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. Date of death: Month November day 15
 year 1944 hour 4 p.m. minute _____

21. I hereby certify that I attended the deceased from 3 to 4 p.m. 1944 - 65-44 19____;
 that I last saw him alive on 11-15-44 19____;
 and that death occurred on the date and hour stated above. Duration _____

Immediate cause of death Brain injury

Due to falling from truck

Due to hitting on his head

Other conditions Sauntly - 1700

(Include pregnancy within 3 months of death)

Major findings: Sauntly - 1700

Of operations _____

Of autopsy _____

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence 11-15-44

(c) Where did injury occur? Keata, Okla.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? road
(Specify type of place)

While at work? No **(e) Means of injury** Auto

23. Signature Dr. M. Woodson **(M.D. or other)** _____

Address Poteau, Okla. **Date signed** 11/28/44