

1 PLACE OF DEATH
 County Cuyahoga, Registration District No. File No.
 Township Primary Registration District No. Registered No.
 or Village No. St. 3 Ward
 or City or Cleveland. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Male Fleetwood Walker. Did Deceased Serve in U. S. Navy or Army NO.

(a) Residence. No. 2284 East 49th St., St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male, **4 COLOR OR RACE** Colored, **5 Single, Married, Widowed or Divorced** (write the word) Widowed,

6a If married, widowed or divorced HUSBAND of (or) WIFE of Anna Della Walker

6 DATE OF BIRTH October 7 1856

7 AGE Years 67 Months 7 Days 2 If LESS than 1 day... hrs. or... min.

8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Theatrical manager?
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) 5-11-24. 19
17 I HEREBY CERTIFY. That I attended deceased from 5-11-24 1:05 P.M. to 5-11-24 1:25 P.M.
 that I last saw him alive on 5-11-24. 19
 and that death occurred, on the date stated above, at 1-25 P.M.
 The CAUSE OF DEATH* was as follows:

LOBAR PNEUMONIA.

(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.
18 Where was disease contracted Unknown.
 if not at place of death? No.
 Did an operation precede death? Date of
 Was there an autopsy?
 What test confirmed diagnosis?
 (Signed) E. P. Russell M. D.
5-12-24. 19 (Address) Russell.

9 BIRTHPLACE (city or town) Mt Pleasant
 (State or country) Ohio

10 NAME OF FATHER Fleetwood Walker

11 BIRTHPLACE OF FATHER (city or town) Ohio
 (State or country)

12 MAIDEN NAME OF MOTHER Ann Swan

13 BIRTHPLACE OF MOTHER (city or town) Ohio
 (State or country)

14 Informant: Thos. Walker
 (Address) 321 S. 22nd St. Steubenville

15 MAY 17 1924
 Filed 19

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Steubenville Ohio May 13 1924

20 UNDERTAKER License No. 2295 ADDRESS W. Walker 620 E. 55 St

John R. Miller

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.