

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

33504

**1. PLACE OF DEATH**

County Jackson Registration District No. 899 File No. \_\_\_\_\_  
 Township Kaw Primary Registration District No. 1002 Registered No. 1761  
 City Kansas City (No. 3335, Troost Avenue St. \_\_\_\_\_ Ward)

**2. FULL NAME**

CALLIE S. WALKER

(a) Residence No. 3335 Troost Ave. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mathew H. Walker (dec)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 5, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 8 3

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Physician  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Mo.

10. NAME OF FATHER John Singleton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Va.

12. MAIDEN NAME OF MOTHER Martha Stewart

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Va.

14. INFORMANT Jas. C. Walker (Address) 3335 Troost, K.C. Mo.

15. FILED 12/11/22 1922 M.M. Crowe

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-9-22 1922

17. I HEREBY CERTIFY, That I attended deceased from Nov. 13th, 1922, to Dec 9th, 1922 that I last saw h. er. alive on Dec 9th, 1922 and that death occurred, on the date stated above, at 5:20 P.M. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carcinoma Bladder  
 (duration) 6 yrs. mos. da.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_ IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_ WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_ (Signed) Terry C. Lilly, M. D. 12/9, 1922 (Address) 405 Apple Bldg

\*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 Platte City, Mo. DATE OF BURIAL 12-11-22

20. UNDERTAKER Stine & McQuinn ADDRESS 924 Oak

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.

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