

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

Do not use this space.

35335

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City, St. Louis (No. 11 Hortense Place)..... St. _____ Ward _____

File No. _____
 Registered No. 10518

2. FULL NAME

Kate Mudd Walker
 (a) Residence. No. 11 Hortense Place, _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. Sidney Walker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 27-1873

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>54</u>	<u>3</u>	<u>26</u>	<u>26</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Dr. Henry Mudd

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pittsfield
 (STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Lizzie H. Albright

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mercur
 (STATE OR COUNTRY) Missouri

14. INFORMANT John H. Mudd
 (Address) Hotel Chase, St. Louis

15. FILED 71 21 1927 Mar. C. Starceff
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 23 1927

17. I HEREBY CERTIFY, That I attended deceased from May 17, 1927, to Nov 23, 1927, that I last saw her alive on Nov 23, 1927, and that death occurred, on the date stated above, at 1 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Colon
Significant pressure
H&C (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 45 (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? No. DATE OF May 10 1927

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Specimen
 (Signed) H. Starceff, M. D.

24, 1927 (Address) 3701 Westminster Pl

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Bellefontaine Nov 25 19 27

20. UNDERTAKER Wagoner ADDRESS 3621 Olive

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.

