JAN 27 1928

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

Do not use this space. 1782

1. PLACE OF DEATH
County Livingston — Registration District No. 962
Township Sampsel — Primary Registration District No. 3671
City ..... (No. ..... St. ..... Ward)
File No. .....
Registered No. .....

2. FULL NAME Mary Caroline Walker
(a) Residence. No. ..... 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: 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 Late John Walker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 1 1847

7. AGE: Years 80 — Months 9 — Days 12 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife 56 131
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Sampsel Twn
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER John Dawkins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) New York
(STATE OR COUNTRY) N.Y.
12. MAIDEN NAME OF MOTHER Mary Ann Simmons
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Dont Know

14. INFORMANT J. A. Walker
(Address) Chillicothe Mo

15. FILED 1-16 1928 W L White
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-13 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1928, to Jan 13 1928 that I last saw her alive on Jan 12, 1928, and that death occurred, on the date stated above, at 4:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Brights Disease
57
(duration) several mos. ds.

CONTRIBUTORY (SECONDARY) Diabetes
(duration) several yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? NO DATE OF —
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? Tests
(Signed) C M Gray, M. D
1/14, 1928 (Address) Chillicothe Mo.

*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: Mt Olive — DATE OF BURIAL: 1-15 1928

20. UNDERTAKER: F B Norman — ADDRESS: Chillicothe Mo

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.