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

Do not use this space.

21001

1. PLACE OF DEATH
County Jasper Registration District No. 411
Township Galena Primary Registration District No. 2002
City Joplin (No. ..... St. ..... Ward)

File No. .....
Registered No. 261

2. FULL NAME Mary A. Walker
(a) Residence. No. 1224 Old 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 W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 7 1859

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
68	11	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(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) Ohio

PARENTS
10. NAME OF FATHER James Cheatham
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) no record
12. MAIDEN NAME OF MOTHER no record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) no record

14. INFORMANT J. W. Walker
(Address) Joplin Mo

15. FILED 6/5 1928 Dr. A. B. Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-3-1928

17. I HEREBY CERTIFY, That I attended deceased from May 8, 1928, to June 3, 1928 that I last saw her alive on June 3, 1928 and that death occurred, on the date stated above, at 8-15 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

pernicious anemia

7 yrs (duration) 2 years mos. ds.

CONTRIBUTORY (SECONDARY) 5 80 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W. G. Hoshaw, M. D
6/5, 1928 (Address) Joplin 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 Forest Park Cem
DATE OF BURIAL 6-5 1928

20. UNDERTAKER Hurlbut Und Co
ADDRESS Joplin Mo