WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

25993

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. Peoples Hospital St. ..... Ward)

File No. .....

Registered No. 7859

2. FULL NAME Bertha Lee Walton

(a) Residence. No. 2349 Chestnut St., 21 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Col

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 2, 1894

7. AGE: Years 34 | Months 1 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House work 145A 54B

(b) General nature of industry, business, or establishment in which employed (or employer): At home 139E

(c) Name of employer: Self

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

PARENTS

10. NAME OF FATHER: Wash Hooks

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.

12. MAIDEN NAME OF MOTHER: Ella Gaines

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.

14. INFORMANT: Millard Hooks
(Address) 3529 Market St

15. FILED 31 1928, 19 Max C Starkoff REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/28 1928

17. I HEREBY CERTIFY, That I attended deceased from July 27, 1928, to July 28, 1928 that I last saw her alive on July 27, 1928, and that death occurred, on the date stated above, at 2 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute dilitation

Operation for non Malignant Fibroid Uterus + Puerperal Salphingitis

(duration) X yrs. X mos. 1 ds.

CONTRIBUTORY (SECONDARY) Ope Myomectomy + Bilateral Salpingectomy (duration) one yr. X mos. X ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? ✓

DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 27-1928

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? ✓

(Signed) Dr Earle Williams, M. D

, 19 (Address) Lovejoy, Ill.

*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: Hopkinsville Ky.

DATE OF BURIAL: 7-31 1928

20. UNDERTAKER: R. M. C. Green

ADDRESS: 3517 Laclede