

NOV 21 1928

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

Do not use this space.

33376

1. PLACE OF DEATH

County Henry
Township Clinton
City Clinton Mo (No. _____)

Registration District No. 347
Primary Registration District No. 3018

File No. _____
Registered No. 121
St. _____ Ward _____

2. FULL NAME

Susan Walker

(a) Residence. No. 513 S. Orchard St. 3rd Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 1 mos. 8 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 widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-22-1841

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
87 8 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bond County
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER Archer S. Elam

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

12. MAIDEN NAME OF MOTHER Sarah Cheek

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

14. INFORMANT W. H. Walker
(Address) Clinton Mo

15. Oct 9 28 Dr. E. C. Seeler
FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/8 1928

17. I HEREBY CERTIFY That I attended deceased from 13 1928, to Oct 8 1928 (that I last saw him alive on Oct 6 1928, and that death occurred, on the date stated above, at 4 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS
97 Arterio Sclerosis

CONTRIBUTORY (SECONDARY) 9/10
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. _____

9 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

19. WHAT TEST CONFIRMED DIAGNOSIS. _____

(Signed) Samuel A. Proctor M.D.
10/9 1928 (Address) Clinton 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 Clinton DATE OF BURIAL Oct 9, 1928

20. UNDERTAKER Miss Will K... Co
ADDRESS

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.

