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

Do not use this space.

2355

1929

59

3

7

1. PLACE OF DEATH

County Livingston — Registration District No. 508

Township — Primary Registration District No. 3026 — File No.

City Chillicothe (No. ..... St. ..... Ward) — Registered No. 2 —

2. FULL NAME Mrs. Goldie Walker

(a) Residence. No. ..... St., ..... 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) Nov. 16 - 1893

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 35 | 1 | 22 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

235

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linneus Mo

1

PARENTS

10. NAME OF FATHER: Jim Butler

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

2

12. MAIDEN NAME OF MOTHER: Helen Shelby

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

2

14. INFORMANT Mrs. Francis Carson
(Address) St Joseph 1514 S 6th

15. FILED 1-11, 1929 Reuben Bonney REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1 / 8 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929 to Jan 8, 1929 that I last saw her alive on Jan 8, 1929 and that death occurred, on the date stated above, at 1:00 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

82A

(duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (SECONDARY) X

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? X

DID AN OPERATION PRECEDE DEATH? No DATE OF X

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) M. O. Downs, M.D.

1-11, 1929 (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: North Col Cemetery — DATE OF BURIAL: 1-11 1929

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.