

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.

MAR 25 1929

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

7529

1. PLACE OF DEATH

County Pettis
 Township Sedalia
 City Sedalia (No. St Marys Hospital)

Registration District No. 668Primary Registration District No. 3032File No. 73Registered No. 73

2. FULL NAME

(a) Residence. No. Rte #2 Beamers, St. Ward
 (Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds.

How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

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

married

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

Mattie Pearl Walker

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

May 6-1888

7. AGE

40

YEARS

MONTHS

10

DAYS

20

If LESS than 1 day, — hrs. or — min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Boiler maker

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

Mo. Pac. Shops.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Cooper Co. Mo.

10. NAME OF FATHER

Frank Walker

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

12. MAIDEN NAME OF MOTHER

Emma Rich

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Cooper Co. Mo.

14.

INFORMANT

(Address)

Mrs. Mattie Pearl Walker
Sedalia Mo

15.

FILED 2-28-29 1929J. J. Love

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Feb 26th 1929

17.

I HEREBY CERTIFY, That I attended deceased from 2:26, 1929, to 19, 1929, that I last saw deceased alive on 2-26, 1929 and that death occurred, on the date stated above, at 12 noon m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cerebral Hemorrhage
82A

CONTRIBUTORY (SECONDARY)

Don't know
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dr. J. J. Love, M. D.
2/28, 1929 (Address) Sedalia 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

Sedalia Mo

DATE OF BURIAL

2/28 1929

20. UNDERTAKER

W. C. L. B. Co.

ADDRESS

Sedalia

