plicate

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

Do not use this space.

35352

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 10095

Township ..... Primary Registration District No. 1003 Registered No. 10095

City ..... (No. 202 N 2nd St. ..... St. ..... Ward)

2. FULL NAME Nancy Walker

(a) Residence. No. 202 N 2nd St., 25 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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Negro

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) 6. 6. 1864

7. AGE: YEARS 65 MONTHS 4 DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer Home

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9. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Georgia

2

PARENTS

10. NAME OF FATHER Henry Scott

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT J. W. Walker (Address) 202 N 2nd St

15. FILED OCT 15 1929 Max C. Tandy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 11 1929

17. I HEREBY CERTIFY, That I attended deceased from July 27 1929, to Oct 11, 1929, that I last saw her alive on Sept 30, 1929, and that death occurred, on the date stated above, at 1 P.M.

82A THE CAUSE OF DEATH* WAS AS FOLLOWS:

97

Apoplexy Cerebral Hemorrhage

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Arterio - Sclerosis

(duration) 1 yrs. mos. ds.

7401

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Vincent J. Mueller M.D.

Oct 15, 1929 (Address) 2335 Franklin

*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: Father Diver

DATE OF BURIAL: 10. 15 1929

20. UNDERTAKER: E. W. Reynolds

ADDRESS: 3015 Bell Av