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.

38775

1. PLACE OF DEATH

County ..... Registration District No. 791

Township St Louis Primary Registration District No. 1003

City ..... (No. 2934 Lucas St. ..... Ward)

File No. .....

Registered No. 11194

2. FULL NAME Lucy Battie Walker

(a) Residence. No. 2934 Lucas 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	Colored	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 17 1895

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
34	6	25	

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

9. BIRTHPLACE (CITY OR TOWN) Port Gibson
(STATE OR COUNTRY) Miss.

PARENTS

10. NAME OF FATHER Abe Cummins

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

12. MAIDEN NAME OF MOTHER Mattie Banks

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

14. INFORMANT Mattie Sams
(Address) 2934 Lucas

15. FILED NOV 17 1929 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 12 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov. 9th, 1929, to Nov. 12, 1929 that I last saw her alive on Nov. 12, 1929, and that death occurred, on the date stated above, at 8.12 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

93C
98B Cardiac insufficiency

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

CONTRIBUTORY (SECONDARY) Myocarditis Chronic

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Uncertain

DID AN OPERATION PRECEDE DEATH? no DATE OF ?

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J Wolen, M. D.

, 19 (Address) 1502 Carsbay

*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 Washington Park

DATE OF BURIAL 11-17 1929

20. UNDERTAKER Manuel Undertaking Co

ADDRESS 4059 Finney

Dr Wal
1502 Cont