

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

Do not use this space.

335

1. PLACE OF DEATH  
 County Roller Registration District No. 92  
 Township Ashill Primary Registration District No. 5134B  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

2. FULL NAME Idea Walker  
 (a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. H. Walker  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Do not know  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
63 Do not know or Do not know

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 14 1930  
 17. I HEREBY CERTIFY, That I attended deceased from Jan 7 1930 to Jan 16 1930  
 that I last saw her alive on Jan 16 1930 and that death occurred, on the date stated above, at 8 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pneumonia Lobes

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

CONTRIBUTORY (SECONDARY) 10/10  
 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 10. NAME OF FATHER Do not know  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 12. MAIDEN NAME OF MOTHER Dorothy Egan  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

18. WHERE WAS DISEASE CONTRACTED Place of death  
 IF NOT AT PLACE OF DEATH.  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY?  
 WHAT TEST CONFIRMED DIAGNOSIS Physical  
 (Signed) S. M. Self, M. D.  
 , 19 (Address) Oulin Mo

14. INFORMANT M. D. Smith  
 (Address) Oulin Mo  
 15. FILED 4/19, 1930 Deott Cook  
 REGISTRAR

\*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 DATE OF BURIAL  
Oulin Care Jan 18 1930  
 20. UNDERTAKER ADDRESS  
None KX

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.

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