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

Do not use this space.

10635

1. PLACE OF DEATH

County..... Registration District No. 1003 791 File No.....

Township..... Primary Registration District No..... Registered No. 2643

City..... (No. 2700 Lawton St. ..... Ward)

2. FULL NAME Millie Threalkill

(a) Residence. No. 2700 Lawton St., 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	Negro	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 13 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	58	1	28	

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) Ky
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Edward Walker

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

12. MAIDEN NAME OF MOTHER " "

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

14. INFORMANT Tatie Washington
(Address) 2700 Lawton

15. FILED MAR 15 1930, 19.....
Roy C. Parker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch 11 1930

17. I HEREBY CERTIFY, That I attended deceased from July 2 1929, to Mch 11 1930 that I last saw h. alive on Mch 14 1930 and that death occurred, on the date stated above, at 4:45 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

92A
92A Apoplexy Cerebral Hemorrhage (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [illegible] M. D.
Mch 13, 1930 (Address) 1005 Kirkwood

*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
Father Dickerson	3/15 1930

20. UNDERTAKER J. Russell & Co. ADDRESS 2732 [illegible]