

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.

OCT 28 1930

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

Do not use this space.

29114

1. PLACE OF BIRTH

County Boone  
Township Columbia  
City Columbia (No. ....)

Registration District No. 73  
Primary Registration District No. 3006

File No. ....  
Registered No. 189  
St. .... Ward)

2. FULL NAME

Georgiana Walker

(a) Residence No. 211 Switzler St., 1st Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Charlie Walker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-28-1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
37 9 16

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

9. BIRTHPLACE (CITY OR TOWN) McBain  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER George Cunningham

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Margaret Hunt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Paul David Fisher  
(Address) Columbia Missouri

15. FILED 9-18-1930 7 C. Suggatt REGISTRAR  
18 by A. Selby

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-14 1930

17. I HEREBY CERTIFY, That I attended deceased from 9/11/30 to 9/14/30 that I last saw her alive on Sept 14, 1930, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Apoplexy  
8:14

CONTRIBUTORY (SECONDARY) WMI  
(duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....

20. WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS? Physic  
(Signed) J. A. Taylor M. D.

9-17-1930 (Address) J. H. S. 8th  
\*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 Cemetery DATE OF BURIAL 9-19-1930

20. UNDERTAKER Charles J. Parker ADDRESS Columbia Mo.

