

OCT 30 1930

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

Do not use this space.

30570

1. PLACE OF DEATH

County Monroe
Township Jefferson
City (No.) (St.) (Ward)

Registration District No. 589
Primary Registration District No. 5781

File No.
Registered No. 9

2. FULL NAME Emma W. Walkup.

(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 35 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1 MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

15. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 12th 1930

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

17. I HEREBY CERTIFY, That I attended deceased from Sept 8th 1930 to Sept - 12th 1930

that I last saw her alive on Sept - 12th 1930, and that death occurred, on the date stated above, at 6.25 a. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 13th 1873

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin. 57 1

Dysintery.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

1³⁰ (duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) 100 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Florida Mo. (STATE OR COUNTRY) Missouri

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

10. NAME OF FATHER John B. Herndon

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

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

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Franklin M. ... M. D.

12. MAIDEN NAME OF MOTHER Manda Norman

9/12, 1930 (Address) 519 Leffay and Hannish

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

*State the DISEASE CAUSING DEATH, or if deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT (Address) Stoutsville Mo - R.D. #2

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL 9/14 1930
Stoutsville Cemetary
Stoutsville Mo

15. FILED 10/9 1930 A. T. Bell REGISTRAR

20. UNDERTAKER ADDRESS Wilson + Son. Monroe City Mo.

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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