NOV 21 1930

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

Do not use this space.

32139

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1116

City St. Joseph. (No. Noyes - Baptist Hospital. St. Ward)

2. FULL NAME Kannie Coburger Walker.

(a) Residence. No. 4917 1/2 King Hill Ave. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 20 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	White	Widow.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Walker ~~Chas. Coburger~~ Chas -

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 3, 1862.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	68	6	5	

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

9. BIRTHPLACE (CITY OR TOWN) Rushville, (STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Joseph DeVorss

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

12. MAIDEN NAME OF MOTHER Rebeckah English.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Columbus, (STATE OR COUNTRY) Ohio.

14. INFORMANT Fred D Clark (Address) 5025 King Hill Ave

15. FILED Oct 9 1930 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 8 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 5 — 1930, to Oct 8 — 1930 that I last saw her alive on Oct 8 — 1930 and that death occurred, on the date stated above, at 12.30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Haemorrhage

131

82A

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Chronic Brights

(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at home

DID AN OPERATION PRECEDE DEATH no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory

(Signed) John J. Tucker, M. D.

10/10, 1930 (Address) St Joseph Mo

*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
King Hill Cem Oct. 10 1930	
20. UNDERTAKER	ADDRESS
Fred D Clark 5025 King Hill	

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.