

DEC 20 1930

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

Do not use this space.

35592

1. PLACE OF DEATH

County Cedar Registration District No. 163
Township Grimes Primary Registration District No. 6231
City Stockton (No. St. Ward)

File No.
Registered No. 41
St. Ward)

2. FULL NAME *Mary A. Walker*

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

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

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *widowed*

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Nov. 12, 1930*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *H. L. Walker*

17. I HEREBY CERTIFY, That I attended deceased from *10-4-30*, 19... to *10-12-30*, 19... that I last saw h.e.s. alive on *10-11-30*, 19... and that death occurred, on the date stated above, at *4:00 p.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
82A

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *July 4, 1843*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 4 8

18. WHERE WAS DISEASE CONTRACTED *Age. 62* (duration) yrs. mos. ds.

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

CONTRIBUTORY (SECONDARY) *Age. 62* (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) *Texas*
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED *Age. 62* (duration) yrs. mos. ds.

IF NOT AT PLACE OF DEATH

10. NAME OF FATHER *John J. Roberts*

8 DID AN OPERATION PRECEDE DEATH DATE OF

WAS THERE AN AUTOPSY? *no*

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

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) *J. B. Stewart*, M. D.

12. MAIDEN NAME OF MOTHER *Isabel Underwood*

, 19 (Address) *Stockton - Mo.*

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

*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.

14. INFORMANT *Cora E. Webb*
(Address) *Stockton, Mo.*

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Stockton Cemetery* DATE OF BURIAL *10-13 1930*

15. FILED *Dec*, 19 *E. S. Smith* REGISTRAR
Mary Bayless

20. UNDERTAKER *Davis & Co* ADDRESS *Stockton*

Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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