WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

DEC 23 1930

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

Do not use this space.

1. PLACE OF DEATH
County St Francois — Registration District No. 33 — File No. 37171
Township Randolph — Primary Registration District No. 6094B — Registered No. 27
City Leadwood (No. ..... St. ..... Ward)

2. FULL NAME Sarah Walker

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 26-1913

7. AGE: YEARS 16 — MONTHS 11 — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lesterville Mo

PARENTS
10. NAME OF FATHER J. A. Walker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Lesterville Mo
12. MAIDEN NAME OF MOTHER Rhoda Stevens
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Black, Mo.

14. INFORMANT Opal Walker
(Address) Leadwood Mo

15. FILED 11/4, 1930 N E Aubrichon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 3 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1930, to Nov. 3, 1930 that I last saw her alive on Nov. 2, 1930, and that death occurred, on the date stated above, at 6 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23A
(duration) 4 yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Home
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) N E Aubrichon, M. D.
11/4, 1930 (Address) Leadwood

*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: Leadwood Mo — DATE OF BURIAL: 11/4 1930

20. UNDERTAKER: J S Boyer — ADDRESS: Leadwood