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.

MAY 21 1931

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

Do not use this space.

13436

File No.
Registered No. 48

1. PLACE OF DEATH
County: Carroll
Township: Sugar Tree
City: (No. St. Ward)
Registration District No. 135
Primary Registration District No. 5191

2. FULL NAME: Pauline F. 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF: Ernest Walker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5-25-1896

7. AGE: Years 34 | Months 11 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carroll Co Mo

FATHER
13. NAME: Thomas L. Gallagher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER
15. MAIDEN NAME: Lucy J. Harrison
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gideon Shrup Ark.

17. INFORMANT (ADDRESS): Mrs Lucy J. Harrison Gallagher Norborne Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: Gilead Cem DATE: 4-30, 1931

19. UNDERTAKER (ADDRESS): Wells Funeral Home Carrollton, Mo

20. FILED: 4/28, 1931 Mrs E. E. Farmer, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-28, 1931

22. I HEREBY CERTIFY, That I attended deceased from 1-1-28, 19.., to 4-28, 1931
I last saw her alive on 4/27, 1931. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify:
(Signed) H. B. Dequeen, M. D.
(Address) Carrollton, Mo