

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

Do not use this space.

17101

1. PLACE OF DEATH

County Boone
Township Columbia
City Columbia (No. _____)

Registration District No. 73
Primary Registration District No. 3006

File No. _____
Registered No. 111
St. _____ Ward)

2. FULL NAME

Ruth Walker

(a) Residence. No. 1505 Windsor St., _____ Ward. _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 10 1876
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
55 1 6

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) Hallsville Mo
(STATE OR COUNTRY) Boone Co

10. NAME OF FATHER Davis W. Owen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Petis Co
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Sophia E Carter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Boone Co Mo

14. INFORMANT F. L. Walker
(Address) Columbia

15. FILED 5/18/31 F. C. Suggett
REGISTRAR
By Selby

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 16 1931

17. I HEREBY CERTIFY, That I attended deceased from _____
June, 1929, to May 16, 1931
that I last saw him alive on May 9, 1931, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hypertension and
arterio-sclerosis
(duration) 3 yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) Chronic pyelocystitis
nephritis
(duration) 1 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED At home
NOT AT PLACE OF DEATH. St. Louis
DID AN OPERATION PRECEDE DEATH? No DATE OF _____

19. WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam
(Signed) E. S. [Signature] M. D.

5/18, 1931 (Address) Columbia 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 Memorial Park
DATE OF BURIAL May 18 1931

20. UNDERTAKER R. O. Willett
ADDRESS Columbia Mo

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.

JUN 24 1931

SEP 18 1953