

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

Do not use this space.

35452

1. PLACE OF DEATH

County Reynolds
Township Logan
City (No. _____) _____

Registration District No. 748
Primary Registration District No. 6982

File No. _____
Registered No. _____
St. _____ Ward _____

FULL NAME

Opha Walker
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 26, 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
35 5 14

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) self
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Reynolds County
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER J. W. Brewer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Piedmont
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Larada Copeland

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

14. INFORMANT Walter Walker
(Address) Garwood Mo.

15. FILED 10-16-31 Essie Evans
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 18 1931

17. I HEREBY CERTIFY That I attended deceased from Oct 15, 1931, to Oct 18, 1931, that I last saw him alive on Oct 10, 1931, and that death occurred, on the date stated above, at 4:00 P.M.

18. CAUSE OF DEATH WAS AS FOLLOWS:
Metal Regurgitation

19. CONTRIBUTORY (SECONDARY) 92A (duration) ____ yrs. ____ mos. ____ ds.

20. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH, _____

21. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

22. WAS THERE AN AUTOPSY? No

23. WHAT TEST CONFIRMED THE CAUSE OF DEATH?
(Signed) [Signature], M. D.
(Address) Garwood Mo.

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ellington Mo. DATE OF BURIAL 10-22-31

20. UNDERTAKER W. B. Gray ADDRESS Van Buren 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.

