

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

Do not use this space.

4816

1. PLACE OF DEATH

County Jackson
Township glau
City W. C. Mo. (No. 2711, Quincy Ave.)

Registration District No. 388
Primary Registration District No. 1002

File No. 679
Registered No. 679
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2711 Quincy Ave. St. 107 Ward.

(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 <u>Fe.</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm. Walker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 28 - 1872</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>7</u>
	DAYS <u>19</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>	
	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) <u>Ohio</u> <u>2</u>		
MOTHER FATHER	13. NAME <u>Henry Bishop</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va.</u>	
	15. MAIDEN NAME <u>Harriett McAtee</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT <u>Walter C. Walker</u> (ADDRESS) <u>2711 Quincy Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wm. Washington</u> DATE <u>Febr. 19</u> 19 <u>32</u>		
19. UNDERTAKER <u>Mrs. C. C. Foster</u> (ADDRESS) <u>W. C. Mo.</u>		
20. FILED <u>2/18</u> 19 <u>32</u> <u>M. M. Crowe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16 1932, to Feb. 17, 1932
I last saw her alive on Feb. 17, 1932 Death is said to have occurred on the date stated above, at 9:50 A. M.
The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy
Hypertension
Date of onset 2-16-32

Other contributory causes of importance:
Hypertension

Name of operation None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No.

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) John P. Lewis, M. D.
(Address) 3526 St. Louis

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.

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

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Va. 7134