

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

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

Do not use this space.

4984

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Haw Primary Registration District No. 1002  
 City Kansas City (No. 6701, Oak)

File No. \_\_\_\_\_  
 Registered No. 847  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mrs. Sarah Sherman Walker

(a) Residence, No. 6701 Oak St. Y Ward \_\_\_\_\_  
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</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 <small>HUSBAND OF (OR) WIFE OF</small> <u>Corwin F. Walker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 3-1867</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>3</u>
	DAYS <u>24</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>at Home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</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>		
FATHER	13. NAME <u>William Barnett</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Susanah Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Mr. Corwin F. Walker</u> (ADDRESS) <u>6701 Oak St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Leavenworth</u> DATE <u>Febr. 29, 1932</u>		
19. UNDERTAKER <u>D. H. Newcomer's Sons</u> (ADDRESS) <u>Kansas City, Mo.</u>		
20. FILED <u>29</u> 19 <u>32</u> <u>Wm. M. Grove</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-26, 1932, to 2-27, 1932  
 I last saw her alive on 2-22, 1932. Death is said to have occurred on the date stated above, at 3:30 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Apoplexy  
arterial hypertension  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
arterial hypertension

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) D. P. Griffith, M. D.  
 (Address) 1220 Radcliff Bldg

~~W. W. Cummings, Superior~~  
Rialto Bldg.

11:30 - 12:30