

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

Do not use this space.

5890

1. PLACE OF DEATH

81 County Phelps Registration District No. 678
 3 Township St. James Primary Registration District No. 4404
 2 City St. James (No. _____) St. _____ Ward _____

2. FULL NAME

Elizabeth Frances Walker
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. 2 mos. 2 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6 - 1852
 7. AGE YEARS 79 MONTHS 6 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. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nurse
 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) Hayette CO Ill

MOTHER 13. NAME Ransom Harris
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hayette CO Ill

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT James Walker
 (ADDRESS) St. James mo

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE Feb. 3 - 1932

19. UNDERTAKER Jones and New York
 (ADDRESS) St. James mo

20. FILED Feb. 3 1932 Henry H. Walters
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 - 1932, to Feb. 2 - 1932
 last saw him alive on Jan 1 - 1932. Death is said to have occurred on the date stated above, at 10:40 A. M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver Date of onset 1930
46E
46E

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? no (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) William H. Brewer, M. D.
 (Address) St. James 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.

MAILED 4 1932

