

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.

MAR 25 1932

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

7203

1. PLACE OF DEATH  
 113 County North Registration District No. 904  
 Township Union Primary Registration District No. 6215  
 City Lebanon City, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Ellett Walker  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>W</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>Annie Walker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 16, 1862</u>		
7. AGE <u>69</u>	YEARS <u>1</u>	MONTHS <u>17</u>
DAYS <u>17</u>		IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Printer 1</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) <u>Feb 3, 1932</u>		
11. Total time (years) spent in this occupation <u>Life</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lebanon City, Mo.</u>		
13. NAME <u>Arthur Walker</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown 31</u>		
15. MAIDEN NAME <u>Rebecca Rogers</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>Annie Walker</u> <u>Lebanon City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lebanon Cem.</u> DATE <u>2/5</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>John C. Dunfee</u> <u>Lebanon City, Mo.</u>		
20. FILED <u>Feb 10</u> 19 <u>32</u> <u>Mrs. Lillian Boyd</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3 - 1932

22. I HEREBY CERTIFY, That I attended deceased from  
sudden, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
 I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said  
 to have occurred on the date stated above, at 2 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage  
82 W  
 Other contributory causes of importance:  
(1)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? no 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.  
He was found dead  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) J. H. Phillips M. D.  
 (Address) Lebanon City, Mo.

