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

Do not use this space.

18927

1. PLACE OF DEATH
County Carroll
17 Township VanHorn
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 133
Primary Registration District No. 5184

File No. .....
Registered No. 8

2. FULL NAME Lucy Ann Walker.

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30, 1859

7. AGE: Years 73 | Months 5 | Days 27 | 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. housekeeper
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) Illinois ?

FATHER
13. NAME J. Wallace
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) XXXXXX ?

MOTHER
15. MAIDEN NAME Dempsy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) XXXXXX

17. INFORMANT (ADDRESS) Mrs Vernon Walker. Bogard, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE VanHorn DATE June 29 32

19. UNDERTAKER (ADDRESS) B.A. Dickerson Bogard, Missouri.

20. FILED 6-29 1932 Jamie Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Jan 24, 1932, to June 27, 1932
I last saw her alive on 6-27, 1932 Death is said to have occurred on the date stated above, at 8 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma left Breast	
Fever	
Secondary to Carcinoma	

Other contributory causes of importance: .....

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) W.G. Atwood, M. D.
(Address) Carrollton, Mo

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

JUL 22 1932